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ABSTRACT

This guidebook, one of a series on the subject of military child care centers, outlines five major principles for consideration when selecting, planning, and developing appropriate programs. These principles are understanding military families' needs for child care; deciding, based on the strengths and weaknesses of various existing child care settings, the kind of program the center will offer; supporting child development activities; planning programs that emphasize human development and relations; and planning for the use of community resources. Specific activities and guidelines for implementation for each of the above principles are detailed. (MP)

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Program Development in Military Child Care Settings

A guidebook based on the experiences of the Fort Lewis Child Care Center

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April 1982

ASSISTANT SECRETARY OF DEFENSE
MANPOWER, RESERVE AFFAIRS, AND LOGISTICS

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FOREWORD

This series of manuals for Child Care Givers on DoD Installations is issued under the authority of DoD Instruction 6060.1, "Training Manuals for Child Care Givers on DoD Installations," January 19, 1981. Its purpose is to provide child care givers with training materials that include the latest techniques and procedures for the safe care and guiding development of children entrusted to their care.

This series of manuals, DoD 6060.1-M-1 through DoD 6060.1-M-17, was developed under the auspices of the Department of Health and Human Services by the Department of Army, in cooperation with the Navy, Air Force, and Marine Corps.

The provisions of this series of manuals apply to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to as DoD Components) whose heads shall ensure that the manuals are distributed or otherwise made available to all child care givers on DoD installations and that these materials are used in regional and inter-Service workshops, seminars, and training sessions.

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**Funded by the U.S. Department of Health and Human Services
Administration for Children, Youth and Families,
in cooperation with
the Department of the Army**

June, 1980

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UNDERSTANDING MILITARY FAMILIES' NEEDS FOR CHILD CARE

The composition of the military is changing. There are more single parents, women and couples in which both parents work. As a result, the demands upon military child care services are changing.

The military community includes over one million children from infancy to adolescence who live with their families on military installations. In the two-parent family, as well as the single-parent family, often it is financially necessary for all of those doing the parenting to work. Child care by someone other than the parents becomes a necessity.

Child care centers and programs on military installations can, and should, provide high quality services to support the special stresses of military life on children. A 1976 study of the U.S. Air Force indicated that nearly 50 percent of the children enrolled in Air Force child care centers attend for 50 or more hours per week. This certainly is more than "babysitting" and requires serious attention to the needs of servicemembers for child care.

Young marrieds with children

Over the last century, the U.S. military population has shifted gradually from one in which the majority of personnel were single to one in which a majority are married. Further, the patterns of marriage and the age structure of the military have changed so that more active duty personnel have children at home than ever before. As a result, the military service now is an institution that involves families, rather than the single soldier.

There has been a trend toward an increased percentage of married personnel among both officers and enlisted servicemembers in each of the four services; however, the change has been much greater for enlisted personnel. Family patterns of officers and enlisted personnel in all of the services show an increase in the average number of children per military family as well. When examined by pay grade, the families of middle-ranking officers - grades 04 to 06 - were the largest, with nearly three children per family.[1]

Single or sole parents

A June, 1978, survey of Army personnel revealed that 1.5 percent of all enlisted men, or 9,437, were single parents, solely responsible for the care of their children, while 7 percent of the Army's enlisted women, or 3,213 women, were single parents. This means that for all Army *enlisted* personnel, there was an average of 1.9 percent who were sole or single parents, for whom some sort of child care outside of the home probably was a necessity. In addition, there are indications that the number of sole parents in the military may increase as a reflection of sociological trends. There are growing numbers of singles who adopt children, unwed women choosing to become mothers, divorcees with children, fathers who are receiving custody of children, and mothers who are leaving home.

Working mothers

There are more working mothers in military families than ever before. During the period from 1971 - 1976 in the Army alone, there was an increase of 152 percent in the number of women - enlisted, officers, and reserves - serving, from 42.8 thousand to 108 thousand. Further,

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[1]Nancy Goldman, "Trends In Family Patterns of U.S. Military Personnel During The Twentieth Century." In N. Goldman and D. Segal (Eds.), *The Social Psychology of Military Service* (Beverly Hills: Sage Pub., Inc., 1976).

it is predicted that by 1983 there will be 200,000 women in the Army. Many of these young women will join the ranks of working mothers.[2] It is likely that more families will emerge in which either or both spouses are on active duty or a husband qualifies as a military dependent. Also, the percentage of military wives who are employed outside the home has been increasing consistently.

Since the early '70's when the services dropped the policy of excluding pregnant women, more mothers of young infants are required to return to active duty shortly after childbirth, most as soon as the six-week maternity leave period is over. This has created an accelerating demand for infant care among servicemembers.

Younger children

The children of military families are, as a group, much younger than those of the larger society. In fact, in 1973, the median age of children in military families was one half that of the civilian families, or 5.3 years old compared with 10.5 years. Almost half of the children of active duty personnel were under five years.[3]

As a result of these trends in the composition of the military population, child care facilities of all kinds on and around installations are feeling the demand for more, and more comprehensive, child care services.

IDENTIFYING OCCUPATIONAL INFLUENCES

In addition to the impact of a changing military population profile, there are some traditional aspects of the military life-style which affect a family's need for supportive child care services. For example, among the demands of the military occupation which can be expected by its members are the following:

> periodic changes of residence which reduce opportunities to establish lasting ties and support systems with friends and relatives.

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[2]Eileen Stubblefield, Psychiatry Technician, "Single Parent Problems/Problems of Service Women." (A paper presented at Department of Army Division Combat Psychiatry Conference, May 9, 1979).

[3]Nancy Goldman, *op. cit.*, p. 131.

varying social, subcultural and physical living conditions which may require adaptation to unfamiliar living arrangements and create stress.

separation of a servicemember from the immediate family for extended periods, with the resulting adjustment in family roles.

non-traditional work schedules and working hours of some duty assignments.

occasional threat of servicemember injury or death due to the uncertainties of combat training and other hazardous assignments.

Each of these traditional aspects of a military occupation can create a need for family support services and, in particular, for child care services. Especially single- and two-parent working families may find themselves in need of child care for unusual schedules to accommodate duty assignments or for special reasons, such as in times of family stress created by a relocation, separation, or heavy family responsibilities unrelieved by the support of close relatives.

Child care during stressful times

Military wives, 76 percent of whom are under 30 years old, must temporarily, repeatedly and singly make numerous parenting decisions without the support of their extended families and, frequently, in the temporary absence of the children's father. Child-related services in support of these families become a necessity. Even during the relative stability of peace time, 15 to 20 percent of married servicemembers do not live with their families.[4] Given these occupational characteristics of the military, it is particularly important to involve military parents in child care and parent education programs since they are young, have no extended families nearby, and may feel quite isolated with many of their important relationships absent.

In a recent study of child abuse in military families, it was found that, of the 225 families studied, most of the abusing and/or grossly neglectful parents were *very young* - over 40 percent of the abusing mothers were under 20 years of age, and 65 percent were under 23; 45 percent

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[4]M. Duncan Stanton, "The Military Family: Its Future In TheAll-Volunteer Context." In N. Goldman & D. Segal (Eds.), *The Social Psychology Of Military Service* (Beverly Hills: Sage Publications, Inc., 1976).

of the fathers were 22 or younger and 75 percent were 25 or younger. The abusing families were apt to be *socially isolated* - over 75 percent lived in civilian communities outside of their military installation. Usually they had no meaningful contacts with their civilian neighbors or community agencies. Forty percent of the families had *lived in their present quarters for less than one year*, and over 80 percent had lived in the same place for under two years.[5]

In another study by a community agency which began to develop child abuse services during the Vietnam build-up, it was found that 90 percent of the mothers who abused their children were separated from their husbands because of his overseas assignment.[6] In situations such as these, a variety of community support networks and services, including transportation, are required to help the adults meet their personal and social needs for satisfying adult friendships. In addition, during such periods of stress and isolation, what might be called relief or *respite child care* services can be an important resource in relieving parental tension and, perhaps, preventing abusive situations.

A group of child care needs related to military employment were brought up by a sample of 32 enlisted women with children in a recent study.[7] In a discussion of how well child care centers met their needs as military servicemembers, the following problems were raised. Child care centers

don't accept sick children.

don't provide for shift workers, overnights or 72-hour care.

are too expensive, especially for enlisted members.

don't address the needs of physically handicapped children.

don't give the children enough attention during the long days.

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[5]Francis Carmody, Daniel Lanier, Jr., & Donald Bardill, "Prevention of Child Abuse And Neglect in Military Families," *Children Today*, Vol. 8, No. 2 (March-April, 1979), pp. 16; 21-23; 35.

[6]Annual Report, Infant and Child Protective Council (ICPC), (Fort Bliss, Texas, 1968).

[7]Eileen Stubblefield, *op. cit.*

The single women said that for periods of absence longer than a day, they use other military families for child care. While enlisted parents in the Army must each have a Dependent Care Plan in case of overseas assignments or emergency duty calls, when the women in the same sample were asked "What would you *really* do?", they replied, "I *really* don't know."

Many of these employment-related child care needs are not so different from those of the civilian workforce, nor are the perceived inadequacies of child care centers unique to military users.

RECOGNIZING OTHER CHILD CARE NEEDS

While a major use of child care for military servicemembers may be as a full-time work-related service to parents, there are a variety of other equally valid and important adult and child needs which can be served by a good child care program, whether in the military or civilian sector.

Hourly or "drop-in" care

Assisting parents by caring for children periodically when the parents need to be elsewhere - shopping, a doctor's appointment, at the exchange or commissary, or just having a few hours by themselves - is an important function which can be served by a child care program offering drop-in care. At the same time, this may offer children some first experiences away from parents in a safe and enjoyable environment with other children and caring adults.

Developmental enrichment

Many parents are beginning to recognize the importance of the preschool years in a child's healthy development. Frequently, they will look specifically for a "preschool" or "nursery school" program which they hope will add experiences that will promote the child's physical, social, and intellectual development. Such programs usually are part-day, either morning or afternoon, and many are organized with considerable parent involvement, as in parent cooperative preschools and play groups. Parents of *only* children often look for such a program to provide social experiences with other children.

Intervention

Child care can be one part of a system of supports to a family which may have special needs. Families with children who are handicapped mentally, physically or emotionally can find periodic respite for themselves and an opportunity to give their children an experience in the "mainstream" of society by making use of child care services. Also, children from families who live in poverty, not all of whom require child care, often can benefit from the healthy and developmentally sound environment of a quality child care program. A quality program supplemented with diagnostic and intervention services of professionals can identify those children in a community needing extra help and can involve them and their families in a child care program.

Emergency care

Many families from time to time find themselves in a situation which may require that one or both parents be away from home for awhile, for example, at the death of a relative in another part of the country or the hospitalization of a parent. Sometimes even the temporary illness of the parent who normally cares for the children at home can require some additional child care support. Such emergency needs which may last from overnight to several weeks are particularly hard to meet in a geographic area removed from relatives and close friends.

Late evening babysitting

An important kind of care which can provide parents with some time out for themselves while feeling secure that their children are well cared for is "babysitting" which extends into the late evening. Most often this kind of care is done in the child's home. But in neighborhoods of very young children or neighborhoods in which parents know few people, it may be difficult to locate enough adolescents or persons interested to care for young children during these hours.

LOOKING AT ONE MILITARY CENTER'S REQUESTS FOR CARE

About six years ago, a large child care center was serving a military community on a very limited basis. The hours of operation were minimal - 10 1/2 hours a day, Monday through Saturday, with evening child care provided only on Friday and Saturday and then only with advance reservations. All infant care - day or evening - was provided only with advance reservation. In addition, the center was a prime example of the doubtful quality care which

had evolved on many military installations from local needs, but without adequate financing or guidelines.

As improvements were made in the center program and met with the approval of the children and parents, more families began using the center for both daily and drop-in care. As more and more families used the center, it was discovered that many of their child care needs were not being met by the center's services. As the program improved, parents began to request additional services. Since they felt that the center was providing what they considered to be the best child care arrangement for their children, they were reluctant to seek child care elsewhere for those hours when the center was not open or when the center was reserved to capacity.

An effective reservation system

One of the first issues to be faced was the existing system of reservations for infants, particularly, and for evening care, in general. Parents requested that a second infant care section be added to the center to accommodate more infants. Many complained that they could not get a reservation for their infant regardless of when they called. Some parents also asked that the system of reservations for evening care be carefully evaluated, because they didn't believe it was functioning as it should be.

When an analysis of the reservations system was begun, it indicated that parents indeed would make reservations. The reservation book would be filled, indicating that the center would be caring for the maximum number of children permitted at all times in the infant section as well as for evening care. However, in reality, only about 50 percent of those children who had reservations actually would receive care in the center. It was learned that parents would call and make a reservation "just in case I need it" or "to be safe, rather than sorry." Because no reservation fee was imposed and there was no penalty for not keeping a reservation, the parents had nothing to lose. However, the center obviously was losing a great deal - both in terms of income and good community relations.

As a result of requests by parents, the system of reservations was revised. After studying the data - the number of reservations made, the number of reservations kept, the number of phone calls received from parents to make reservations, the number of drop-in children with no reservations who received care - it was decided to discontinue completely the reservations for evening care and reserve only one-half of the spaces available for infant care. It was estimated that, with few exceptions, a very large center

probably could accommodate all children, except infants, brought to the center for daily and drop-in care. With some parental assistance in the decision-making process, it was decided that a limited system of reservations should be retained for infant care. The two reasons for this decision were (1) the center might not have room for the potentially large number of infants that might be brought for care and (2) parents who had to be certain of obtaining care for their infant should be able to make definite plans. It also was decided to impose a penalty if reservations were not kept and were not cancelled. The remaining spaces available in the infant care section were offered on a first-come, first-served basis. Although this system originally was established on a trial basis, it has proven to be a system that meets the needs of parents as well as being cost-effective for the child care center. As a result, after five years, it is still in effect.

Extended hours of operation

Another frequent request received from parents was to increase the hours of center operation. Over a period of two years these requests included additional evening hours, an earlier opening hour in the morning, and Sunday child care. Because it was necessary for the center to operate financially at a break-even capacity during most hours of the operating day, not only did meeting the needs of the community have to be considered, but also the cost-effectiveness of increasing the number of hours the center was open. To estimate need and probable usage - and thus cost - extensive surveys of customers were conducted regarding each request for a change in hours. If the surveys indicated a need and if it seemed that the center would not lose a lot of money meeting that need, the hours would be extended on a trial-basis, usually for a period of two or more months. After this period, the extended hours of operation would be evaluated to determine *actual* usage and cost versus the originally *projected* usage and cost.

Six evenings per week

For most of its history the center had been open only two evenings a week - Friday and Saturday evenings. The first request for an additional open evening was received from two wives' groups. These large organizations both had social functions on Thursday evenings and required care for the children of their members. After a very successful trial-run, Thursday evening was added to the weekly operating schedule.

Shortly thereafter, there was a request by the community life/education program to remain open on Monday and Wednesday evenings. Because many classes were offered in the community on these two evenings, child care was necessary for parents who wanted to attend the classes. Although the number of children brought to the center for care on these evenings was not as large as the number on Thursday evenings, the center was able to maintain a financially solvent operation as well as to provide a service to the community. While the center opened on these evenings for specific groups or purposes, once the additional evenings and hours of operation had been established, any eligible family needing child care could use the center. Consequently, it was discovered that many families other than those for whom these additional evening hours originally were established used the center for child care. Soon requests were received from parents to open on the remaining Tuesday evenings, also. The reasoning behind the request was that since the center was open every other night of the week parents often forgot that it closed on Tuesdays at 1730. Tuesday evening hours were begun as a result.

Early morning

Over time, more working parents who required child care on a daily basis wanted their children to receive care in the center. However, the center opened at 0700 hours which was too late for many military parents who had to be present at their unit by 0630 or 0700 at the latest. It also was too late in many instances for those who had to travel from the installation to a civilian community for a job that began at 0730 or 0800. As a result, the opening hour of the center was moved to 0630 and eventually to 0615 to meet the needs of these parents.

Sundays

On the other hand, Sunday child care was one request that was not successful. The center, unlike many centers on military installations, had never provided child care for chapel services on Sunday mornings because babysitters and a child care room usually were available within each chapel during worship services. However, the increasing numbers of single parents and two-parent working families, who had little time left for shopping and other errands during the week, asked the center to try opening on Sundays. In addition, the installation is located in an area of year-round recreational opportunities - fishing, boating, skiing, hunting, mountain-climbing - some of which are not possible with young children. So, the

demand and need for Sunday child care seemed to exist; a survey verified the need; and trial openings on Sunday began.

From a child development as well as a management position, center staff were somewhat reluctant to open on Sunday. It could be a costly operation because many caregivers are paid a Sunday differential - increased hourly wages. Also, it was possible that the center would be asked to provide care for a child five days a week while the parents worked, as well as on weekends. This would mean the child would be in the child care center for many hours every week. The center did attempt the Sunday trial-openings. Although precautionary measures were built into the system to prevent overuse by any one family, they were never used. Despite the expressed need and the survey results, Sunday attendance was very low. After a two-month trial, the Sunday opening was discontinued because the center was losing money on it.

Overnight care

One other request that the center has had perhaps a half-dozen times over the past five years has been one for overnight or 72-hour care. It is a request that raises even more serious concerns and questions than offering child care seven days a week. It is an area that the center could not even consider seriously because of limited equipment and facilities for bathing; few private and quiet spaces; and cots instead of "real" beds. Thus, the center has never offered overnight care.

Increased food service program

It probably goes without saying that increasing the hours of operation had an impact on many aspects of center management, but particularly on the food service operation of the center. By extending the evening hours to 2300 and the opening hour to 0615, provision had to be made for feeding the children both breakfast and dinner. Parents requested that the center expand its food service to provide meals at these times. It was agreed to do so initially on a limited trial-basis. However, the addition of breakfast, dinner and an evening snack to the food service program met with such success that these meals quickly were adopted as a routine part of the center's operation.

DECIDING WHAT KIND OF PROGRAM YOUR CENTER WILL OFFER

Of necessity, the "nursery" has become as common to a military installation as its exchange or commissary. All have evolved from local needs rather than under a common set of guidelines and standards. As a result of this evolutionary beginning, each "nursery" has developed its own structure and program based on its funding source, the building it was given, and the qualifications of its staff. In addition to the "nursery" or child care center, some installations have formal preschools, parent-cooperative programs and approved family day care homes in installation housing.

Child care in the military is moving into a new era. All branches are drafting and revising regulations and standards for child care facilities. Staff training materials and on-site assistance to center staffs are becoming available, and there is now more attention to the developmentally appropriate design of facilities and play areas for children on military installations.

At the same time, more and more children of military servicemembers are requiring full-day care. This means long, unbroken days for staff and children, including time for eating and sleeping. Care is needed not just for the usual 3-5 "nursery school" group, but for children as young as six weeks through school age. Further, care is needed by parents who may have limited experience with and support for their child-rearing responsibilities. All of these factors suggest that military child care centers need to take a good look at the kinds of programs that they are offering and want to offer.

CONSIDERING THE STRENGTHS AND WEAKNESSES OF VARIOUS CHILD CARE SETTINGS

Group care in child care centers is only one possible setting for the provision of child care services. We know that the setting of a program - its size, organization, and physical surroundings - has a great effect on the care provided. Several different types of settings frequently are used by parents seeking care for young children. As a center director, you will want to consider the strengths and weaknesses of each type of care and decide how your center should fit in among the alternative types of care available to servicemembers on your installation.

The history of military child care reveals an emphasis on single, large, group care facilities - the installation Child Care Center or "nursery" - which usually are located near the hub of community services. Research has been undertaken in the past two decades in the general areas of recreation planning, child care program design and architecture which suggests that centralized, large scale facilities do not provide optimal child program quality nor enhance community or neighborhood identity. It is for this reason that child care program developers in the military should take a close look at the advantages and disadvantages of various types of care settings, the distribution patterns of child care facilities throughout the installation, and the desirable number of children to be served in each facility. The excellent design guides produced by the Children's Environments Project for the Department of the Army, include guidelines for assessing possibilities for a decentralized network of child care facilities which supports neighborhood identity and reduces the number of children in any one facility.[8] Anyone responsible for planning children's services installation-wide should take advantage of the extensive research and guidance provided by these guidebooks.

In-home care

In-home care is care for the children of one family in the children's own home. In-home care is provided for pay by someone other than the parents. This usually is an arrangement involving more than occasional "babysitting."

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[8]Gary T. Moore, Carol G. Lane, Ann B. Hill, Uriel Cohen, & Tim McGinty, *Recommendations For Child Care Centers* and Uriel Cohen, Ann B. Hill, Carol G. Lane, & Gary T. Moore, *Recommendations For Child Play Areas* (Milwaukee: University of Wisconsin-Milwaukee, Center for Architecture and Urban Planning Research, 1979). (Design Guides to be released early 1981 by Office of the Chief of Engineers, Washington, DC)

When a caregiver provides this care on a regular basis, the parent/employer is required by law to pay minimum wage. Therefore, this type of in-home care has become prohibitively expensive for most parents.

Family day care

Family day care is care provided in the home of a caregiver for the children of one or more families. In the civilian sector, the number of children usually is limited to six by state licensing requirements. This includes the caregiver's own young children. This small group care with a consistent caregiver can offer flexibility and intimacy which many parents find hard to duplicate in center-based care. In particular, family day care can be a real resource for odd-hour shifts or overnight care needs.

Mini-Center care

Mini-center care is care provided in the home of a caregiver for seven to twelve children, including those of the caregiver. Usually more than one caregiver is involved, and the home often is altered by the addition of an extra bathroom, exits or a playroom. Such mini-center care may be difficult to arrange in installation housing since it may require facility modifications which are not likely to be approved. However, the small group size and consistent caregivers are appealing to many parents.

Center-based care

Child care centers usually serve 13 or more children in a building which is not someone's home. Some centers provide part-day preschool or nursery school services to a narrow age range, while others accommodate infants through school-aged children on a full-day, full-week basis or on a drop-in basis. The latter is the usual profile of military centers.

Perhaps the single most important decision to be made in planning and programming child care centers is the number of children to be served in one facility. It has been found that the developmental quality of child care centers drops sharply as the number of children served in one building increases beyond 60-75 children. In a nationally recognized study, it was found that in centers which served over 60 children, major emphasis was placed on rules and routine guidance. On the other hand, in smaller centers, caregivers emphasized opportunities for developmental experiences and exploration.

In response to these important findings, the design team working on the Army's Children's Environments Project recommends that rather than a 200 or 300-child center, whenever and wherever a center is needed for more than 60 to 75 children, the center should be designed on a "campus-plan" - a series of interconnected buildings or modules, each of which holds no more than 60 to 75 children.[9]

Child care systems

After more than a decade of demonstration programs around the country, the concept of a child care system or *network of child care options with central coordination* is becoming recognized as a good way to minimize the disadvantages and maximize the advantages of the various child care settings. In a child care system, the flexibility and intimacy of home care for infants and young toddlers, for example, can be combined with the resources and group care benefits of a child care center. In a system, the center can become the central point from which diagnostic and consulting services, quantity food and supply purchasing, toy-lending and caregiver training can extend to all of the other settings. Such a system allows parents to choose care in a family day care home if their work requires odd-hour or overnight care or if they prefer this homelike setting for their very young children. On the other hand, in successful child care systems, children cared for in home settings can go to a larger child care center one or more times a week for a gradual exposure to larger group care. These outings also give the home care providers an opportunity to learn new caregiving techniques and to share concerns and ideas with other adults working in the same area.

In a military setting, such a coordinated system of approved family day care homes and center-based care could make an effective network-of-care options. As you are considering the variety of needs which military families have for child care services, and reflecting on the role that your center can best play in meeting these needs, consider seriously the possible benefits of a child care system or network of services coordinated through your center. By making a suggestion that selected family day care providers be approved for operation in installation housing or near the installation, you may be able to coordinate these providers and their services with those which you feel you can offer best in your center-based program. In many cases, such coordination can help you avoid the difficulties and delays involved in organizing, equipping and staffing a center for some types of specialized care.

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[9] *Ibid.*

CONSIDERING THE COST OF PROVIDING VARIOUS SERVICES

Discussed at length in the module in this Guidebook on *Financial Planning For Military Child Care Centers* are the financial considerations which should be made when deciding upon the fee structure, hours of care to be offered, and types of care to be provided. As you consider the kind of program that your center will want to offer, you must consider the relative cost of serving each type of client and the relative proportion of the center's total population that each age group, for example, might be expected to fill.

When requests are received for late evening care six days a week or very early morning care, for example, you will have to consider the volume of children and staff that this will involve. If it proves not to be cost effective for the overall operation of the center to meet the needs of some servicemembers, you may have to opt against providing the requested service and consider some alternative care settings which may work for the parents.

CONSIDERING THE COMPREHENSIVENESS OF THE PROGRAM TO BE OFFERED

When child care center programs are discussed in much of the literature in the field, the concept "program" often is used interchangeably with the traditional concept of "curriculum" or activities and teaching methods used in a preschool or "nursery school." In fact, the concept of "curriculum" and the model of the nursery school or preschool is a very misleading way to think about planning for the program of a child care center. In several areas there are great differences in the program development tasks of a military center director planning an installation child care center, and someone planning a "preschool" program.

> *Center-based child care usually involves a long unbroken day for both staff and children, which includes napping, meals, and all other daily living functions.* Preschools or nursery schools usually provide only part-day programs, often a few times a week. They do not have to plan for such things as food purchasing and storage, full-day staff rotations, before- and after-school escort service, and so on.

Center-based child care on military installations usually responds to the needs of parents to care for a much wider age range of children - often from six weeks through school-aged. Preschools and nursery schools usually limit the age of their enrollees to the four- and five-year-old group. The wide age range of center enrollees means that planning the daily schedule actually involves planning several schedules for the different developmental levels of the children enrolled.

Center-based child care on military installations often serves both regular and full-time children and children who come on a periodic or drop-in basis. Most preschool or nursery-school programs have regular enrollments of the same children over a fairly long period of time. When a preschool involves the same children each day, it is possible to evaluate the developmental level of each child and to plan a series of experiences or play opportunities which build upon each other. This formal "curriculum" can support or encourage each child's development toward specific social, intellectual, emotional and physical goals. In a center offering full-day care with a wide age range of children, some of whom may come only occasionally, planning must be thought of from a different perspective. What might be called "day plans," or the goals and objectives for a whole day including developmentally appropriate opportunities and experiences, may become the most influential part of the flexible child care center which accommodates "drop-in" care.

Child care centers serving working parents often are looked to and encouraged to help parents meet more than the "educational" needs to which preschools often direct their part-day programs. Working parents, no matter how well they organize their time, cannot personally provide for all of the social, physical, nutritional, psychological and medical needs of their young children during the few after work and weekend hours. Parents who work during the day are away for most of the child's waking hours, as well as the hours during which most services are available for use by their children. When parents are involved in designing the program, and the center builds in a range of health, social, nutritional and educational consultants, the resulting *comprehensive* program is quite different from the part-day preschool curriculum.

CONSIDERING PLANNING FOR DROP-IN AND FULL-TIME CARE

The question of whether to provide what might be called *custodial* care or a program which more formally supports the development of children's social, emotional, physical and intellectual abilities is raised frequently when discussing how to plan a program which involves both full-time and drop-in care. Most military child care centers have a proportion of their center population composed of children who use the center only occasionally. In conducting brief case studies of seven military child care centers, a team of architects studying center design found that all seven centers visited had drop-in care for infants through preschoolers and six of the seven had after-school drop-in care. Only one of the seven centers had separate spaces and staff for full-day versus drop-in care children.[10]

Two issues frequently are raised concerning planning for such centers:

> Is it fair to the full-time children and to the caregivers to have center program continuity interrupted by children who come only occasionally, require special caregiver attention, and are unfamiliar with center routines; or should the drop-in program be separated from the full-time program?
>
> Is it necessary or possible to provide children who use a center only occasionally with some "developmental" experiences like those which may be planned for the full-day program?

Each of these questions involves *values*, some definitions of what a *developmental experience* is, and some practical considerations of the relative number of full-time and drop-in children involved in each situation. For example, consider the value of having an uninterrupted full-day program with a group of familiar children. Then consider the value for these same children of learning how to help newcomers learn to feel comfortable and at-home, and learning to be flexible and include newcomers in their play. Feelings about this issue probably will be affected by how the center views *developmental* goals as well as by the number of drop-in children that might be involved in any one group and, perhaps, the ages of the children involved.

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[10] *Ibid.*

An answer to the question of what kind of program should be provided for occasional center users involves *values* and some clear understanding of how frequently these children actually use the center. Experience with drop-in care at a large military center revealed that the average length of stay for drop-in care was between four and five hours. Many children spent this much time at the center more than once a week, although on an unpredictable schedule. What this suggests is that while there may be unpredictability in drop-in care situations, many children spend a lot of time in drop-in care.

It has been our experience that some of the difficult aspects of drop-in care - anxiety over separation from parents, lack of a familiar schedule and setting - all can be made easier when the child steps into a center which has some "plan," some interesting and engaging things going on which can involve them.

In general, then, the way that drop-in care is handled in your center probably will depend on your overall values and objectives for the full-time as well as the occasional user; the average number of drop-in users in each age group using the center; the actual frequency and length of stay of most drop-in users; and the kinds of space and number of caregivers available.

CONSIDERING THE MULTI-CULTURAL COMMUNITY TO BE SERVED

Military child care centers are located on installations all over the world. The population of the military establishment is racially and ethnically diverse. This provides children of military families with an extraordinary opportunity to understand and learn to respect the differences in our multi-cultural world. In developing every aspect of a center program - the types of food to be ordered, the backgrounds of and languages spoken by staff, the words of the songs sung, the pictures in books or on the walls, the languages in which parent handouts are written and the topics chosen for parent meetings - the center should reflect a sensitive understanding of the community which it serves and which surrounds it.

Particularly in foreign countries where Americans often seem affluent and tend to live in areas apart from the local population, there are great opportunities for the children to gain exposure to other ways of life and other

world views. The rich resources in both people and experiences available to these young children cannot be duplicated by reading a book about *Our Neighbors Near And Far.*

In conversation with caregivers and directors from centers overseas, there is frequent mention of the differences in approach to child rearing and child care between the American caregivers and those hired locally from the surrounding community. This is natural and to be expected. The way that children are raised is at the very heart of a culture. These differences can be used to create interesting and educational experiences for all involved if they are discussed as equally valid ways of doing things. In staff development sessions, those values which do not fall in line with center philosophy can be explored and those which the center can accommodate will serve to enrich the children's experiences. While the continuity of experience between home and the center is important for young children in many areas, there are many areas of difference among adults which can enrich the child's view of the world and the adults in that world. In many cases, it will be much easier for children to accept these differences than for the adults on the center staff themselves.

Whether your center is physically located overseas or within our own country, your center objectives and planning should include attention to differences.

CONSIDERING THE ROLE OF PARENTS

As the profile of military families suggests, there are a number of very important reasons to plan a child care program for military centers which involves parents in a variety of ways:

Many of the parents in military service are quite young with little experience in child rearing.

Most parents are separated from the traditional support networks of family and friends.

There is an increasing number of single parents who are managing a full-time job and child rearing alone.

Young servicemembers often have not had an opportunity to take advantage of educational opportunities which may have helped to prepare them for parenting and increased their understanding of child development.

The effects of each of these circumstances could be alleviated to the benefit of the entire family by providing opportunities for those parents to become involved with other parents in similar situations, as well as with experienced staff and visiting professionals in a child care center.

In addition, research is accumulating which shows the importance to children of the involvement of their parents in the educational process. Further, in order to assure continuity of values and experience between a child's home and the center, parent involvement in any number of ways in a center's program should play an important role.

For all of these reasons, it makes sense for military child care centers to do all they can to make the link with parents a strong one, and an important part of the overall program, rather than an afterthought.

CONSIDERING THE SPACE REQUIREMENTS OF THE CENTER AND PLAY YARD

The first step in evaluating what is required in your child care center is to define the type of program which you will offer, including the age range of children to be served and the total number of children and staff to be accommodated. For example, a full-day program requires extra space for meals and naps, while part-day programs may not. A program serving infants and school-age children, in addition to preschoolers, requires special considerations and equipment. Programs serving handicapped children need barrier-free access and, perhaps, some special equipment.

If you occupy an existing facility, the maximum number of children which can be served already is determined by the number of square feet of available, usable floor space in the facility. Most regulations specify that a center can have no fewer than 35 square feet per child of indoor space excluding halls, kitchens, storage-staff areas and bathrooms, and no fewer than 100 square feet of outdoor play space per child.

When planning a center and play yards or evaluating your existing site for renovations or improvements, it is essential that you familiarize yourself with the center facility regulations of your service branch. Also, it is wise to become familiar with some of the local requirements for civilian centers with which your center may be competing for enrollment. Once you understand the regulations - the *minimum* standards which military child care facilities must meet - you can look at your facility and play yards in more creative ways.

There are several excellent resources which can help you assess your existing facility or plan a new facility. The series of modules produced by the Military Child Care Project entitled *Creating Environments For...Infants, Pretoddlers, Toddlers, Preschoolers* and *School-Age Children*[11] includes checklists for evaluating the physical environment for each age group likely to be in care. These checklists appear in combined form in the Administrative Guidebook section on *Managing Military Child Care Centers*.[12]

The design guides produced by the Children's Environments Project is oriented toward assessment, planning and design both of new center spaces and renovations.[13] A valuable chart estimating the amount of square footage required to provide adequate or optimal physical space for various center functions is included in this volume on page 68.

CONSIDERING THE CENTER'S IMPORTANT ROLE IN NUTRITION

From a nutritionist's point of view, the United States Recommended Daily Allowances - or U.S.R.D.A.'s - are those amounts of foods or nutrients established by the Food and Drug Administration as necessary and vital to support and sustain normal growth and development. While R.D.A.'s are based on a variety of factors including age, the actual *percentages* of the R.D.A.'s provided by a center for any given day would be the same for all. When a child is present in a child care center for six to eight hours each day, the center provides that child with one-half to two-thirds of all nutrients which he or she will receive in a day. For children who are present for longer periods, the nutritional contribution by the center may be even higher. Indeed, this is a tremendous responsibility thrust upon any center and it becomes an obligation that cannot be treated lightly. Research has shown that if the nutritional needs of the children are not met during the first six years of life, they will have lower intelligence, lower resistance to disease, and generally poorer physical

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[11]Marlene Scavo, Sally Riewald, & Elizabeth Diffendal, *Child Environments Series - Infant, Pretoddler, Toddler, Preschool, School-Age* (Washington, DC: Department of the Army, 1979-80).

[12]Marlene Scavo & Elizabeth Diffenal, *Managing Military Child Care Centers* (Washington, DC: Department of the Army, 1980).

[13]Department of the Army Design Guides No. DG 1110-3-132 and No. TM 5-803-11.

and mental health throughout life. Children who are well-nourished are energetic and eager to learn. Children who are poorly nourished are restless, apathetic and inattentive. They cannot concentrate or learn well. In essence, the child care center simply must not talk about good nutrition and the importance of food, but it must serve as an example as well.

SUPPORTING CHILD DEVELOPMENT IN A CENTER

There is no one perfect environment for the development of a child. There is no one curriculum or program which best meets the needs of each individual child in care. In fact, an examination of a variety of programs which have been considered "successful" reveals that they are very different from each other in many ways, including their philosophy, program content and methods used. However, even very different successful programs share at least one thing in common - they are built on a foundation of warm, human relationships and they are structured so that there are opportunities to develop these important one-to-one relationships. This usually means that group sizes are kept small, and numerous opportunities are available for human caring to be expressed. This care is expressed between caregivers and children; among children; among staff; and between staff and parents.

RECOGNIZING THE IMPORTANCE OF QUALITY CHILD CARE

More than food and shelter

Developing child care centers which provide young children with the same rich play, natural homelike learning experiences, and plenty of positive, caring relationships with adults is more difficult than we might have guessed. The possibility that young children using child care centers for many hours each week are deprived of adequate care is a frequent concern of both critics and supporters of group child care and of parents who must use child care centers. Adequate food, clothing, warmth and shelter do not alone make an environment which is adequate for the healthy development of young children.

Quite a few countries have had greater experience than we have with nationwide, government supported child care programs. However, experts who have studied these countries find that many of the same issues, ideas and pitfalls of child care in the United States are present there as well. The major problems in all countries have proved to be *how to recruit, select, train, supervise and pay for enough of the right kind of people to provide the warm, responsive, personal relationships that are so vital to the normal development of young children.*[14]

The absence of such caregivers and the quality environments to supplement them can lead to deprivation, or an impoverished environment which can slow development in young children. When child care center directors and staffs perceive their primary objective as being *custodians* or simply maintaining a setting with adequate food, warmth and physical safety for a group of children until someone who cares a great deal - their parent - picks them up, there is a good chance that such a program will deprive many of those children of very necessary support for healthy development. Since these *custodial* child care programs carry with them the danger of creating a deprived environment for a child who is there for ten or more hours a day, five days a week, during a number of the most crucial years of his development, centers must accept the responsibility to create and maintain an enriched environment.

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[14] Polly Greenberg, *Day Care Do-It-Yourself Staff Growth Program* (Winston-Salem: Kaplan Press, 1975).

Perhaps the most essential part of this enriched environment is providing children the necessary sense of psychological safety that comes from *feeling* loved, *feeling* wanted, *feeling* significant and perceiving that what they do *really* matters to others. This sense of safety, then, grows out of being able to trust people to respond not just warmly, but *really*. Child care centers in which there are not enough caregivers and not enough well-trained and adequately motivated staff to develop meaningful relationships with children as individuals can, in fact, *deprive* children of this sense of well-being which is basic to further learning.[15]

More than a large group of children

International experience has taught us that even when we do get the right kind of caring persons on a center staff, they soon leave unless the size of the group and the number of children per adult permit the development of such good personal relationships. A sensitive, caring adult is the first one to be disgusted and concerned and to leave a center when its program is impersonal, inadequate, cold and "institutional."

More than a place to play

Other kinds of enrichment in addition to a caring staff and workable group sizes are necessary to the healthy development of children. When children are confined in cribs or sit all day in front of the television set, lack opportunities to practice skills, have unpredictable or chaotic schedules, lack attention to their individual differences and needs, or lack recognition and encouragement for achievements, they become apathetic and bored. This lack of environmental stimulation and responsiveness, whether at home or in a child care center, can lead to *deprivation*. A survey of the literature reveals that some of the most serious elements of deprivation for the young child include

serious gaps in experience and knowledge.

crippled language development and concept formation.

inadequate opportunity to express fantasy, hunches, imagination, creativity, and feelings.

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[15]Lillian Katz, "Children's Needs For Optimum Development," *Talks With Teachers* (Washington, DC: National Association for the Education of Young Children, 1977).

lack of opportunity to develop competence, initiative, and risk-taking, as well as other characteristics needed for learning.

weaknesses in problem-solving, reasoning, ability to plan ahead, make decisions and follow-up.

inadequate skills in human relations.

lack of listening and motivation skills.

difficulty in understanding comparisons, categories, and subcategories.

difficulty with visual memory and visual discrimination among things.

difficulty understanding cause and effect, relationship, time and space.

All of these experiential and emotional gaps can be filled informally through good interpersonal relationships and a program of rich, purposeful play. It is not essential that a formal, sequential "curriculum" be adopted in order for children to receive developmentally appropriate and enriched child care. However, what most parents learn by experience and from a sense of responsibility to their own children, may not emerge naturally in a child care center situation. A parent caring for his/her own child can rely on knowledge of the child's patterns based on close observations over time. This intimate knowledge of a child helps a parent make decisions about what is needed and can improve his/her judgment with regard to the child. Caregivers working with a group of children, some of whom may be only occasional users of a center, need greater planning and some formal procedures to assure that they correctly identify the children's needs and the kinds of supports, resources and structures that both the children and the caregiver require.

Therefore, while no one specific formal curriculum is essential, some strategy or structure for organizing informal experiences throughout the day is necessary for both the caregiver and the children. Such *day plans* or even the more formal curricula are *for the benefit of caregivers* primarily, *not the children*. They help focus caregivers' energy on a systematic effort to help the individual child get developmentally appropriate experiences in all areas of development - physical, social,

emotional and intellectual. Such plans also provide a rational basis for deciding which activities to include and which to leave out, and they give parents and supervisors some basis for judging the effectiveness of the program and the caregivers.[16] In order, then, to assure that caregivers can be most effective with groups of young children, planning for developmentally appropriate experiences is essential.

TAKING A LOOK AT SOME SUCCESSFUL PROGRAMS

For more than a decade researchers in this country have investigated the effects of various approaches to early childhood programs. An examination of a variety of successful programs has shown that broad curricula or programs have equivalent effects. That is, as far as traditional preschool curricula are concerned, children profit intellectually and socially from *any* curriculum that is based on a wide range of experiences.[17] Moreover, although successful programs differ widely in philosophy, the role that adults play, and the content of the experiences, a number of researchers indicate that *successful* programs have certain elements in common, despite their seeming significant differences. It is these elements common to successful programs for young children that we shall look at here:[18]

Good human relationships form the foundation of good child care programs.

As discussed earlier, genuine caring about the children and about other adults in the program is fundamental to the success of any program. In order for this warmth and personal contact to flourish, the day must be planned so that there are numerous chances for one-to-one contacts between children and between adults. This means that groups must be kept small, and the number of adults to children as high as possible. There must be time for informal learning experiences and moments when caring can be expressed with a quick hug or a longer explanation of something of concern or interest.

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[16]David P. Weikart, in Michael Langenbach and Teanna Neskora, *Day Care Curriculum Considerations* (Columbus: Charles E. Merrill Publishing Company, 1977), p. 222.

[17]*Ibid.*, p. 222.

[18]Joanne Hendrick, *The Whole Child* (St. Louis: The C. V. Mosby Company, 1975).

Parents are included as a part of the life of the center.

The value of close contacts between home and the center is being increasingly documented in research on successful early childhood programs. Involving the parents in any educational process - which all child care is whether it is designed as such or not - results in longer lasting educational gains for the child.

There is a balance between child self-selection of things to do and caregiver direction of a child's activities.

Programs differ in their approach to structure and in the relative importance that they attach to the different areas in which a child develops. A more *structured* program focuses on the deliberate, orderly presentation of materials. Intellectual development usually is emphasized over emotional or social development. The *content* of what is to be learned is more important than the process of learning. Caregivers need to be trained in methods for presenting formal activities. These activities are led by the adult and require the children to use the same materials in the same way at a specified time.

An *unstructured* curriculum relies on the informal structure in the caregiver's mind. Various materials are used in spontaneous, natural opportunities to promote development in all or several areas at the same time. Activities are optional, and there may be many going on at the same time. The emphasis is on learning through discovery and self-discovery. Structured programs are ones in which most activities or experiences are initiated by adults, and the child is expected to respond appropriately. In unstructured programs, the child initiates activities and the adult responds.

Most successful programs are a mixture of the two approaches. There are some adult-directed activities and some child-initiated ones. The adult or caregiver is seen as more than a mere instructor. She or he facilitates learning by arranging the environment and providing materials. The caregiver also provides a nurturing role by making sure that the child is safe, comfortable and happy. Finally, the caregiver has the responsibility for providing opportunities for children to express and learn to understand their feelings.

Successful programs are planned with definite objectives in mind.

Children learn when their developmental needs are matched with time, space, equipment, materials and opportunities

offered by understanding adults. They learn at their own rate and in their own way. Growth itself is rewarding.

However, the adult's task is to set the stage for that learning. The wise adult realizes that you can't teach a child anything that the child is not developmentally ready to learn. The adult's role is to be aware of this and to provide the environment where the basic needs of children can be met and opportunities made available for them to learn.

In order for adults' behavior to be meaningful in a child care setting, they must be clear about what their objectives are in setting up and manipulating the environment. That is, they must have a focus for their energies in order to assure that what they do leads to the desired outcomes for the children. Successful programs know what they want to accomplish. Therefore, program staff have some basis for selecting activities and creating specific kinds of environments for the children.

A good program should provide something for the whole child.

A good program plan is comprehensive in its attention to the developmental needs of the whole child. Children's physical growth and motor development, the development of their thought and language, and their social and emotional development and creativity receive a balanced emphasis in successful programs. Frequently programs appeal to parents because of their emphasis on "cognitive" or "intellectual" development. What we now know about children is that their development in any one area is intimately tied to other areas of development, and that any lack of attention to the physical or emotional realms will affect development in the cognitive area. Following a "school-like" model, for example, in early childhood programs or child care center programs is neither necessary nor desirable.

Variety is important in successful programs.

Few people like to do the same things all of the time. Children - with their keen interests - need changes of pace during the day and from one day to the next to avoid monotony and fatigue and to maintain a balance in the kinds of experiences which they have. Individual child temperaments must be considered as well as individual interests. While young children need to know what is likely to happen next, time schedules and routines should not dominate the center. Successful programs are flexible and provide children with many different kinds of experiences as well as changes in the basic daily experiences.

Children in successful programs are offered various levels of difficulty in the activities provided, as well. The flexible, well-paced program which makes room for individual differences and offers variety affects both children and caregivers in a positive way.

Successful programs are fun.

As has often been said, play is children's work. Anyone who has watched children play knows the purposeful seriousness of what they do. Most child development theorists agree that play is an important symbolic activity; that it helps children clarify concepts; provides emotional relief; provides a laboratory for social development and is a lot of fun! Successful programs are fun because they include ample time for self-initiated play which is both fun and, perhaps, the most significant way that young children learn.[19]

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[19] *Ibid.*, p. 11.

PLANNING PROGRAMS THAT EMPHASIZE THE HUMAN ELEMENT

In developing a program for a multi-age, full-day and drop-in military child care center, it probably is true that making quality human relationships a center priority, rather than some more abstract "educational" objective, will ensure a program that supports the development of most children in your center. Whether caring for young infants, helping the drop-in child adjust to her new environment, supporting parents, or making handicapped or culturally different children comfortable, the key element for success is respect for the individual and concern for the quality of the human relationships involved.

The planning and program development process in a child care center really is a process designed to help a wide range of individual adults and children live together in an environment which makes them all feel good about themselves. While it is easy to view program planning as primarily a process of selecting themes and activities and finding good sources for project ideas, this emphasis will not lead to a quality environment for children and caregivers. Child care planning is human relations planning, and the center director is the key influence.

PLANNING FOR THE HUMAN RESOURCES

The *program* of any child care center is not just the activities prepared or set up by caregivers, rather it is everything that a child experiences in his or her life at the center. It is the fight over who gets to play with the blue truck and how that fight ends; it is the unnoticed hurt feelings when projects have to be cleaned up in a hurry; it is the favorite food served at lunchtime; and it is the hug given when a knee is skinned on the playground. Just as in family life, it is not possible to include an ideal "program" for child care center life in any workbook, textbook or program guide. It must be planned by the staff with the needs of the particular children in mind and with their own personalities and competencies in mind as well.

As in any situation where human beings are operating in a group, the key to creating a good child care program is using human resources in a way that will be of maximum benefit to children and be satisfying to the responsible adults. This is not an easy job, and experience with successful programs has shown that planning ahead for the life in the center makes life there go more smoothly for everyone.

When there are a number of adults with different personalities working together in the same space, some things must be known to all of them if they are going to cooperate and feel good about what they are doing.

> What are they trying to accomplish (objective) and why (needs assessment)?
>
> What is each of them supposed to be doing so that they will be able to accomplish it (individual responsibilities)?
>
> How should time be organized so that everything that they want to do can be done (schedule)?
>
> Do they need any supplies or materials to help them accomplish what they want to do (materials)?
>
> How can they tell whether what they are doing is working (evaluation)?

The director's role in planning

In order for everyone to share an understanding of what is going on, some written agreement about this is helpful. This is the reason for written "plans." The director's

role in planning the overall program involves coordinating several important factors. The following list includes those aspects of center operations which must be woven together in developing a center program:

the center's goals and purposes

the needs of the children

the number of staff and their qualifications

the center's budget

the physical set-up of the center

the center's organizing principles or procedures

One of the most critical elements in assuring a well-run program is a high level of overall center organization. It is the director's responsibility to make sure that the center is organized so that caregivers do not have to spend their time worrying about whether there are enough supplies; who is supposed to do what; or whether the "library" room is available at 10:30.

One organizing principle that helps caregivers provide a balanced program is a schedule of events. Just as building a house requires a blueprint, providing for effective caregiving requires scheduling. Scheduling is designating events for a fixed future time. Both long-term and short-term scheduling are necessary.

To design a long-range schedule, it is helpful to have a calendar on which the whole year can be seen. Although commercial calendars may be purchased, it is easy for a director to make one with a large sheet of wrapping paper. Having space for making notes beneath each date and making entries in pencil facilitates the planning process.

The long-range plan, then, is a calendar of events which gives an overview of the center's program. It constitutes the flexible framework within which caregivers can develop week and day plans and schedule meaningful learning experiences for their groups. It also provides a logical means with which to familiarize parents with your program.

Long-range planning or scheduling can serve as a valuable aid in evaluating the center program, too. It can be helpful in reviewing the program to see if there are any discrepancies between what the schedule says is happening and what really is happening.

Another type of global planning necessary to effective staff functioning and management in all centers, but especially in large centers, is a day plan depicting generally what is happening in each section of the center throughout the day. This type of planning should be done in large blocks of time, and, above all, it must be flexible. Designing a suggested day plan for the center is not an easy task, but it has definite advantages:

It provides a total picture of what the staff and children will be doing.

It eliminates confusion about who will be doing what and where.

It eases conflicts between caregivers.

It cuts down on wasted motion by caregivers.

It serves as a helpful training aid.

It provides assurance for smooth operations.

The day plan may vary from time to time according to special events or projects, the weather or the time of the year. A sample daily plan is on the next page. This plan is only intended to serve as a "roadmap." It is not intended that it be followed exactly by any center. In fact, that would be extremely undesirable because each center is unique and needs its own unique plan. The role of the director is to make sure that planning takes place, but that the plan doesn't become more important than the children.

The lead caregiver's role in planning

In any center room which has caregivers, parents, volunteers and children, it usually rests with the *teacher* or *lead caregiver* to act as the *planner* - the person who pulls suggestions, needs and personalities into some operational form. However, everyone working in the room or area should have a voice in the planning, since it is their lives for which planning is being done.

There are a number of considerations in planning the specific objectives for children's lives in the center on a day-to-day basis. There needs to be a daily sequence of events so that staff, parents and children can know what is happening next. Just as in family life, the schedule

A Suggested Day

The times given are only approximate and will depend on the situation. If your center is open more hours, you will have to add to this schedule.

	Infants	Toddlers	Preschoolers	School Age
0630	All children and their families are greeted warmly as they arrive. Many of the children will require some nourishment now, depending on their needs.			
	Babies may be changed, fed, and allowed to rest.	Some children may want to 'cat nap' or be rocked or cuddled for a while. Quiet toys - beads to string, puzzles, dolls, books - can be available.		After eating, the children can read, finish homework or play a quiet game until time for school.
0900	When the infants awaken, and feeding is completed, a game of peek-a-boo, or other play is enjoyed. Provide opportunities for them to explore their environment.	Special Activities Art activities - painting, drawing, modeling or other activity - cooking, playing with water or sand, making puppets, might be prepared for the children for in or outdoor play. A light snack is enjoyed midway through the morning.		
	Babies will probably require a full morning nap.	Many toddlers will require a full nap.	Preschoolers may need a quiet time to stretch out and rest.	
1100	Some time for outdoor play can be planned. Following this period of active play, the children prepare for lunch by washing, helping with the food preparation or reading stories.			
1200	Babies may be fed earlier and may be ready for an afternoon nap.	Toddlers can learn to feed themselves.	Preschoolers can set the table, help to prepare the meal and help to clean up.	Lunch is ready for the children if they return to the center.
		After lunch help the children brush teeth and prepare for nap. Toddlers will probably require a full nap.	Preschoolers can brush their own teeth and prepare for rest. Many will nap, others will rest by playing quietly.	
1300	The children are allowed to sleep as long as they wish. Usually a refreshing drink or snack is welcome after napping.			
1500	Floor play - with infants in a crawl area - can be planned.	Active in and/or outdoor play follows nap. Some special activity, a game, story or walk can be arranged.		A snack is ready for the children or they can fix their own. The children decide what to do with their time - building, sewing, painting, doing homework, going to clubs, listening to records, playing with friends.
1700	Preparing those children who go home helps them to make a smooth transition. This is a good time for story reading, to gather together the things that each child will take home, or perhaps a glass of juice to tide the children over until their parents prepare dinner or until dinner is served in the center.			

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[15]Adapted from Carol Seefeldt, and Laura Dittmann (Eds.), *Family Day Care*. Day Care Bulletin No. 9 (CHD 73-1054), Office of Child Development, 1973. U.S. Department of Health, Education and Welfare, Washington, DC.

can be flexible and leave room for spontaneous adjustments. However, whatever the schedule, daily activities should be planned so that

there is reasonable regularity with a similar sequence of events.

physical needs are cared for, including opportunities for rest.

there is a balance of quiet and active play.

opportunities are provided for children to play alone or with others in small groups.

enough time is allowed for children to work at their own ideas and levels.

time is allowed for children to do things for themselves and, as they are able, to take responsibility for their own care.

routines such as toileting, washing, eating, resting, and clean-up are an important part of the program.

indoor and outdoor activities are balanced as the weather permits.

parent concerns and children's interests are taken into account.

Caregivers need time to plan and prepare materials. Assistants may be helpful in sharing their ideas or talents. Planning can be organized in many ways. The best one is the one that works best for the person doing it. In planning for any room or section of the center, consideration must be given to two areas: time and activities. In scheduling time, the lead caregiver looks ahead to the whole year, to months, to the week, and to the day. This is the *when* of planning. The themes, ideas, activities and materials are the *what* of planning, and are coordinated with the schedule. The planner then looks for resources to provide the answer to *how* the plan is to be carried out.

Caregivers may want to experiment with several ways to organize their plans and probably will decide to use a combination of approaches. The following suggestions for plan organization may give you some ideas:[20]

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[20]Oralie McAfee, "Planning The Preschool Program." In Laura L. Dittman, (Ed.), *Curriculum Is What Happens* (Washington, DC: National Association for the Education of Young Children, 1977), p. 15.

Around the primary responsibility of the adults.

. Miss James will be responsible for snacks and art.
. Mr. Valdez will be responsible for the block area and science center (magnifying and reducing lenses today).

Around areas or interest centers in the room.

. In the block area, the transportation equipment will be out - add new airplanes.
. In the art area, give children choice of red or blue paper for pasting, have scissors and scraps out for collage.
. In the reading-listening area, *The Carrot Seed* book and record. Have carrot seeds and carrots there to look at. Recall having carrots for lunch yesterday.

Around blocks of time.

. From 9:00 until 10:30, there will be available:
Chalk and chalkboards for drawing.
Blocks.
Dramatic play (add new hats, put hand mirror close by). New picture books from library (put table close).
Nesting cups - spread on floor ordered according to size. If children stack, help them count, talk about largest and smallest, top and bottom.
Colored cubes - partially sort according to color, see if children "catch on."

Around the stated objectives of the school.

. Self-awareness (two metal hand mirrors out near "dress-ups;" use with "I See You" song at snack time).
. Express feelings and ideas through art media (brush painting, red, yellow and blue paint available).
. Developing language skills (with interested children, place "Gumby" in various locations; have the children say where he is: "Under the bookshelf," Behind Willie").

Each of these has some advantages and disadvantages. Organizing around objectives, for example, keeps one focused on goals, but gives little guidance on "who will do what, when shall we do it, and how shall we manage the day."

Some caregivers have found that a workable combination is to start with blocks of time. Within each time block, activities which will be emphasized in each area of the room are planned and the adult responsible for supervision and interaction in each area is assigned. Periodic review of objectives during the daily and weekly planning will keep the long-range objectives in mind.

The program for all age groups should promote children's physical, intellectual, social, and emotional growth. The atmosphere should encourage cooperation and consideration of the rights of others. The equipment and activities should be carefully chosen so that they are within the child's abilities and, at the same time, provide sufficient incentive to stimulate creative effort. The schedule needs to be flexible so that the time designated for specific activities can be lengthened, shortened, omitted or exchanged as the children's interest warrants.

Restlessness, tensions, conflicts and destructiveness are often warnings that the *balance* or *timing* of the program needs to be re-examined, or that a better arrangement of materials and equipment should be made. There needs to be enough sameness about the program, each day, however, to provide a framework which gives daily children security in their activities and helps them go from one activity to another with growing independence.

Resources are needed in order to put the plan into action. Activity ideas can be shared at staff planning meetings, and a resource file can then be developed of activities as well as files on books, records, audio-visual materials, and community resources.

A picture file can be developed. A staff resource library is useful, especially if it can be developed around the expressed needs of the staff. Community resources can include the names of people and of places which can be of assistance, as well as outside resource persons or institutions that can offer help.

PLANNING FOR LIFE IN GROUPS

Overall group size strongly affects program quality.

Perhaps the major thing that has been learned about providing quality child care in recent years is the primary importance of *group size*. While it always has been evident that a major difference between center and home environments is the large number of children and adults in a

center setting, exactly how group size affects relationships has not been carefully researched until recently.

A large scale research project, the National Day Care Study,[21] initiated to investigate the costs and effects of various aspects of child care related to quality, revealed that group size has a greater effect on the quality of child care for children than any other single characteristic - except for the infant and toddler age group. From information gathered on 1,800 children, 1,200 parents and 300 caregivers in 150 child care centers in Seattle, Detroit and Atlanta, it was learned that children in smaller groups acted more positively and learned more than those receiving care in larger groups. As a result of their findings, these investigators recommend that maximum group size requirements for three-, four- and five-year-old children should be *no more* lenient than 18 children per group. In fact, as group size got smaller - for example, 14 children - it was found that children had an even better child care experience and that behaviors of both caregivers and children were likely to improve. Activity and harmony tended to characterize small groups, with children displaying *less* hostility and conflict, *less* aimless wandering, *more* cooperation and *more* involvement.

A small supplementary study of infant and toddler care was conducted by these investigators, also. The results of this infant-toddler study indicate that the ratio of adults to infants and toddlers affects the quality of interactions between caregivers and children and the behavior of children more strongly than it does for the preschool age group. However, overall group size continued to have a strong effect on the quality of interactions. It was found that caregivers working with smaller groups of infants and toddlers spent *less* time on management and administrative tasks and *more* time on language development and social interactions with children. Small group size was related to *less* apathy and distress in infants and *improved behaviors* on the part of toddlers. As a result, they recommend that the group size requirement for infants and toddlers be more stringent than the preschool requirement. A group size that does not exceed eight children for infants up to 18 months of age and 12 children for toddlers up to 36 months of age is recommended.

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[21] Richard Ruopp, Jeffrey Tavers, Frederic Glantz, & Craig Coelen, *Children At The Center* (Cambridge: Abt Associates, 1979).

The findings of the National Day Care Study are of crucial importance to program planners. This study has broadened the scope of child research which generally has concerned itself more with child/caregiver ratios than with group size. Obviously, group size cannot be considered in isolation from the caregiver/child ratio because they are closely linked. Yet we suspect that if you were to ask any caregiver who has experienced working in groups of different sizes, he or she would choose to separate a large group of 40 children with eight caregivers into several smaller groups which vary in size rather than to have one large group or even two groups of 20 children with four caregivers each.

Consideration of the size of groups for school-age children is another important matter. Simply because children have entered school does not mean they suddenly have become new creatures or miniature adults. These children still have a need for supportive caregivers who are concerned about their well-being and who love them no matter what they do. Although school-age children need different degrees of attention, they have just as much need for adult concern and interest as does the infant, toddler or preschooler. To delegate these children to larger-sized groups of 25 or 30 children may be intolerable when they must spend many hours in school classrooms with the accustomed mobs of children. When these older children come from school - or before they go to school in the morning - they need caregivers who will lend a sympathetic ear when they need to talk, who will help them find permissable ways to let off steam, and who will encourage and assist them to take the next giant step by themselves. Large-sized groups are roadblocks to meeting these needs.

Although there may be a few occasions when it may seem necessary or desirable to bring together a very large group of children of different ages, such as for a special movie or puppet show, keep in mind that size corrupts. In working with children in a child care center, it might be said: *The smaller the group, the better.*

Group size in relation to available space affects program quality.

An important influence on the quality of children's play is the total number of people - both children and adults - in a play area in relation to its size and the amount of open space available.[22] Most regulations, both in the

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[22]Clare Cherry, *Creative Play For The Developing Child* (California: Fearon Publishers, 1976).

military and civilian sectors, require child care centers to provide a minimum of 35 square feet of indoor space per child.

Clare Cherry, after observing an average of 60 children a day for a week, concluded that when no more than 15 or 16 children were *in any one room*, the entire program functioned smoothly. But there were numerous cases of aggressive behavior, some overstimulation and unsociability.[23] When only eight children were in the same room, almost all aggressive behavior ceased. The eight children were able to work out their own disagreements better, space was more readily shared, and even the withdrawn children seemed to join in on an activity. Cherry noticed an even greater change in behavior when the number in the rooms was reduced to five or six. Gradually when the shy or withdrawn children realized how much space was available to them without the threat of interference, they made more active use of the entire space. However, when the amount of space available to each child was increased this much, some of the children found it difficult to control their impulses and became careless or destructive without the support of more children and adults.

Other researchers have found that the more children who are playing in one play space, the more open, uncluttered space is necessary to avoid aggression and to encourage free mobility.[24]

In general, then, group size in relation to *density*, or the number of children who must share one play area in a center, is an important determinant of the quality of interactions.

The number of adults available to a group of children affects program quality.

The caregiver-to-child ratio - the number of children per caregiver - has been one of the most heatedly debated issues in the child care area in recent years. It is the most powerful determinant of child care costs. Because the largest expense in any center budget is staff salaries, even minor variations in this ratio can critically affect the cost per child. Expert opinions on the number of caregivers considered necessary to provide child care

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[23] *Ibid.*, pp. 33-34.

[24] Sybil Kritchevsky, Elizabeth Prescott, & Lee Walling, *Planning Environments For Young Children - Physical Space* (Washington, DC: National Association for the Education of Young Children, 1969), p. 17.

to young children vary widely at the national level, from state to state and from one service branch to another. With so many variables and differences in opinion, it is difficult to say what is best. If there are too many caregivers, they may do too much for the children and hinder the development of independence. On the other hand, if there are too many children for each caregiver, the caregiver may not be able to give each child the individual attention needed for healthy growth and development. Most ratios established by regulations do reflect some awareness that caregiver/child ratios must vary according to the age and development level of the children receiving care.

The chart on the next page displays the *minimum* staff-to-child ratios by age group included in various current civilian and military child care requirements. The National Day Care Study[25] referenced above, points out and underscores very strongly that the ratio of children to active caregivers is one of the most important variables affecting the quality of child care offered. Based on their four-year study of child care centers, they recommend the staff-to-child ratios shown in the right column on the following chart.

Also included on this chart are the recommended *maximum* group sizes by age group included in these various requirements. While group size has been found to be a major factor affecting program quality and usually is included in civilian regulations, to date military regulations have not addressed this important dimension of child care programming.

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[25]Richard Ruopp, Jeffrey Travers, Frederic Glantz, & Craig Coelen, *op. cit.*

RECOMMENDED MINIMUM STAFFING RATIOS/MAXIMUM GROUP SIZE

REGULATION	Dept. of Air Force Regulation (1976)	Dept. of Army Regulation (1978)	Proposed Dept. of Navy Regulation (1980)	Many State Licensing Requirements (1978)	Federal Interagency Day Care Requirements (1980)	HEW/ACYF National Day Care Study (1979)
Age of Child Staffing Ratio Max. Group Size	6 wks.-6 mos. 1/4 *	6 wks.-18 mos. 1/5 *	6 wks.-18 mos. 1/5 *	1 mo.-1 or 1¼ yrs. 1/3-1/5 10	Under 24 mos. 1/3 6	Under 18 mos. 1/4 8
Age of Child Staffing Ratio Max. Group Size	6 mos.-2 yrs. 1/10 *	18 mos.-3 yrs. 1/8 *	18 mos.-3 yrs. 1/8 *	1 or 1¼-2 or 3 yrs. 1/6-1/8 12-16	24 mos.-3 yrs. 1/4 12	18 mos.-3 yrs. 1/4-1/5 10-12
Age of Child Staffing Ratio Max. Group Size	2-10 yrs. 1/15 *	3-5 yrs. 1/10 *	3-5 yrs. 1/12 *	2½ or 3-5 yrs. 1/10-1/12 20-24	3-6 yrs. 1/8 16	3-5 yrs. 1/7-1/8 14-18
Age of Child Staffing Ratio Max. Group Size		5-12 yrs. 1/15 *	*	5-12 yrs. 1/10-1/16 20-32	6-10 yrs. 1/14 14	*
Age of Child Staffing Ratio Max. Group Size					10-14 yrs. 1/18 18	*

*No recommendations made

Mixed-age groupings offer advantages for everyone.

Children learn from the people around them, including other children, and the way they are grouped in your center can either set the limits or broaden the possibilities for their interactions with other children. In many child care centers, children who all have their birthdays in the same year are grouped together most of the time. Frequently, this is done for practical reasons - the diaper-changing facilities and cribs are here, while the toilets and cots are there; Johnny can't talk, but Jimmy can; or, parents voice a strong preference for one grouping or another. Although there certainly are many practical advantages to grouping children by their chronological age, there are some potential disadvantages. When children are grouped by age, there may be a tendency to stereotype children and forget about the variety of individual growth rates in children. For example, in a group of one to two year olds, some caregivers may believe that all children should be walking well. If one child is not doing so, they may become overly concerned - failing to realize that some children simply have their own schedule for development, and it may be at a slower pace. Each child is one of a kind. Even identical twins are not exactly alike. Therefore, stereotyping or comparing any

child to another has no place in a child care center. But, it may happen if children are grouped according to age.

Another way children often may be grouped in child care centers is by their skill level - for instance, children who are in diapers, children who are learning to toilet themselves but may have occasional accidents, and children who go to the bathroom independently. Such groupings also might be formed on the basis of physical, social or language skills or development.

Children of similar developmental level sometimes are grouped together for specific learning experiences or particular activities. As an example, a small group of toddlers may pass a small ball back and forth or around a circle or throw soft blocks into a box. School-age children may be in various groups depending on their interests and developmental levels for such things as gymnastics, dancing or sports.

Although most centers group children by age or skill level, do not overlook the benefits of caring for children in small mixed-aged groups. This type of grouping has been used recently and has met with success in many different child care situations. There is not yet one term in general usage which indicates this type of child care. It may be referred to as multi-age, inter-age, family-style, vertical-age or cross-age. Mixed-age grouping encourages children to learn from each other, to develop at their own pace and to get along in different situations.

In his book, *How Children Learn*, John Holt[26] described why children learn so well from children a bit older than themselves: "The older child understands the language of the younger and can speak on his terms." Holt also believes that older children are a more helpful model of competency because they are more within reach. He mentions that an adult who performs well in art, music, athletics or dancing can be an inspiration to children. However, he writes, it is probably the "day-to-day examples" of a child "slightly older, slightly bigger, who does things slightly better" that teaches these skills best.

On the other hand, dynamic learning experiences also are available to the *older* children in a mixed-age group. For example, the older children have opportunities to help, to

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[26]John Holt, *How Children Learn* (New York: Pitman Publishing Corporation, 1967).

lead, to teach and to understand younger children. For *only* children or youngest children in families, this may be the only opportunity they have to be a model for others.

Mixed-age groups seem to be particularly helpful for integrating children with handicapping conditions, because these groups seem to have an atmosphere of cooperative understanding rather than competition. Each child's individuality tends to be respected, and the children learn a valuable lesson - it's all right to be different. For instance, a child who is functioning several years behind her chronological age still will be at ease in the group because each child contributes to the group whatever he or she can. They learn to accept and be comfortable with the fact that everyone can do some things better than others.

It has been found within various mixed-age groupings that children naturally will form their own smaller groupings based on their interests, rather than on age. The children usually will remain in their own interest group, but may cross over to other groups at times. If children are feeling unusually bold and brave, they may choose to play with the "bigger kids;" if, however, they are feeling somewhat insecure or tired, they may gravitate toward those who are younger.

To illustrate how natural mixed-age grouping is for children, consider what happens in a typical neighborhood. Children do not live or play with counterparts only their own age. In any neighborhood one sees preschoolers playing with first-grade children, while a sibling who is a toddler follows them around. One sees older school-age children taking a much younger child for a walk or pushing him on a swing. In fact, consider how strange it would be to see all two year olds delegated to one yard in a neighborhood, all three year olds on one side of a street and the four year olds on the other. This is foreign to the way children, or people in general, live and learn. There is mixing and matching based on likes and dislikes, interests and experience.

In reality, it is not uncommon for some mixed-age grouping to take place in most child care centers particularly early in the morning or late in the afternoon when attendance is lower than usual. These groups often are composed of children of all ages, including infants, who receive care in the child care center. The budget of the center often dictates that this be done. It obviously is much less expensive to open the center early in the morning with only two caregivers who care for the first five children, for instance, than to staff five different

caregivers in each of five sections of a center caring for one child each. Mixed-age groups, excluding infants, may be formed at other times for special activities, such as a puppet show, a movie, or a special celebration, holiday or party.

Some centers combine mixed-age groupings with chronological-age groupings. While the children may be age-grouped for section activities, they may be permitted to mix with other ages during periods of free play or many play yard activities.

The continuity of adults available to a group of children affects program quality.

Anyone who has been involved in the child care field for very long is aware of the existing controversy over the importance of primary caregivers for children, and especially for children under three years of age. In fact, this is one of the main reasons that some authorities question the advisability of infants and toddlers receiving *full-time* care in child care centers. However, these same experts generally recognize that drop-in or part-time care for these same children may very well be better than none at all - if for no other reason than to provide relief to mothers.

Although we don't pretend to have any solutions to this controversy, it must be recognized that when there is a *constant* turnover of staff, children may never know the security of a continuing relationship. While children should not be exposed to a parade of unfamiliar faces who take turns in providing their care, the pure logistics and reality of staffing a drop-in center which operates long hours each day dictate that there be more than one or two caregivers with each group of children.

In addition, the findings of some recent studies provide reassurance that all children, including infants and toddlers, do have the adaptability of relating to multiple caregivers. Children who receive daily care in the center can adjust to several caregivers in the course of a day if there is consistently one familiar caregiver who feeds them, one who knows their napping or resting routine, and perhaps one who provides security in their lives at the end of each day. Although these regular caregivers may have others helping them, it is the one consistent face that will add to the quality of the care provided. The ability to respond meaningfully to multiple caregivers can be enhanced if the center environment also offers a sense of security and stability - for instance, if the space is familiar and cozy, and if caregivers respond to the children's needs.

Realize, too, that randomly assigning particular children to certain caregivers doesn't always work, either. Children have a way of showing their personal preferences by gravitating toward caregivers of their own choice. In addition, caregivers often seem more at ease with some children than with others. So, it often is best to allow children and caregivers to find each other and build mutually trusting relationships.

If the goal of child care centers is to provide a quality, developmentally-oriented program, directors should consider the impact that the size and type of group and the continuity of adult relationships will have on achieving this objective.

PLANNING STAFFING PATTERNS FOR HIGH MORALE

It is ultimately the responsibility of the center director to determine the most effective and satisfying staffing pattern to meet the needs of the program and the caregivers who work in it. No child care center has the ideal facility nor the ideal staff, so time must be spent making adjustments in staffing. It is the director who must focus on the total staffing situation in order to understand and solve any staffing problems which are hindering the provision of high quality care in the program.

The term *staffing patterns* refers to the manner in which a child care center groups caregivers and their responsibilities. Just as programs, community needs and facilities differ from one child care center to another, so do staffing patterns and caregiver responsibilities within centers.

Following are a few staffing patterns that centers have found to work effectively. Although there are pro's and con's to each of the arrangements, there is little evidence at present that clearly indicates that one is better than another.

Zoning arrangement

With the staffing procedure known as *zoning*, caregivers are assigned responsibility for specific activity areas - the toileting, feeding and napping areas or music, pretend play and active play areas - or for specific functions with a group of children - a private-time caregiver, guided free-play caregiver and group activities caregiver. Caregivers remain within their particular places - *zones* - at specified times during the day. For variety, caregivers rotate among the zones throughout the day. By rotating duties, they also are provided with opportunities

to get to know each child as an individual. Caregivers are responsible for all children who pass through their assigned zone, rather than being responsible for specific children. With this kind of staffing pattern, children can move easily from place to place - or zone to zone - as their needs and interests change. Infants are moved by caregivers to meet their changing individual needs. Caregivers greet each child individually as the child enters the zone and are free to focus their full attention on the children in their area. They don't have to be concerned about such things as stopping an activity to change a child's diaper or the one child who wanders away from a group story-time. With zoning, there is always another caregiver in the toileting area to change a diaper or a caregiver assigned to guiding free-play activities to meet the needs of the child who doesn't want to listen to a story being read to a group of children. From the children's points of view, they have choices throughout the day. Since they have chosen to be in a particular zone, they either need something there or want to be in that area. As a result, they usually are more receptive to the learning activities taking place. Another advantage of zoning is that caregivers seem to function at higher levels of efficiency because they are given specific independent tasks to do rather than having to share a responsibility with other caregivers or being given a vague assignment, such as being asked to "play" with a group of children.

Some of the criticisms often directed at the zoning arrangement of staffing is that it may seem too routine or too mechanical and that it does not meet the child's needs for an "attachment" figure - one consistent caregiver rather than many caregivers. However, many early childhood programs attribute their success to the concept of zoning.

Primary caregiver arrangement

In this type of staffing pattern, caregivers are given specific responsibility for a specific group of children. They are responsible for providing *all* play activities for this group of children as well as making transitions and meeting the physical and health needs of the children. Many professionals in the field prefer this arrangement because it provides for consistency in caregiving and caregivers often claim that they feel *closer* to *their* children. However, critics state that some of the children's individual needs are not met as effectively when this staffing arrangement is used. Rather, children tend to be shepherded along with the group. There tend to be many interruptions and subsequently a loss of interest in the group involvement when one child does have needs that must be met - e.g. a diaper that must be changed, a "skinned"

knee in the play yard or a child who wanders away. In addition, there seems to be a great deal of wasted or lost time. When children must be kept together for an activity, the first one finished must wait for the last one to get done. There also may be little freedom of choice for the children because everything is done in or with the group.

Lead caregiver-oriented arrangement

This arrangement involves all caregivers assigned to a section of children working together as a team and sharing all duties. The lead caregiver supervises and directs the other caregivers as necessary throughout the day. Although some caregivers may be responsible for planning a specific activity from time to time, the major responsibility for the organization, implementation and evaluation of program content in this staffing pattern usually rests with the lead caregiver. Because the lead caregiver is primarily responsible for the design of the program, he or she often devotes as much time to supervising and giving directions to other caregivers as to working with the children.

In our opinion, this staffing arrangement has the potential of being the least effective of all possible arrangements - especially if it is dictatorial in nature. It also may lack involvement and commitment of all the caregivers working with the children. When caregivers are intimately involved in planning and implementing a program, they reap rewards and are enthusiastic about the successes they experience in relationships with children. But, caregivers who simply are following another person's plans and directions do not feel that same sense of joy and accomplishment.

It might be said that caregivers who have no specific duties and are generally responsible for *all* children usually feel specifically responsible for *none* of the children. When caregivers have shared in the development of program plans or when they are responsible for particular children, they become personally committed to those plans or those children. This personal investment enables them to do a better job. A lead caregiver-oriented staffing pattern may not always require that personal investment.

With many military child care centers operating as drop-in centers with many intermittent-on-call caregivers, the lead caregiver-oriented arrangement may be the predominant staffing pattern in these centers. Finances may dictate that the staffing pattern consist of a lead caregiver in each section of the center, perhaps aided by an assistant, and the remaining caregivers called to, or released from,

work as the number of children increases or decreases. As a result this staffing arrangement may seem to be the only option available.

If so, it is the wise director who will seek ways to assist lead caregivers in organizing their sections effectively. One way to facilitate the degree of commitment felt by on-call caregivers would be to have these caregivers *on-call* in only one section of the center rather than being *on-call* for all sections of the center. This enables them to feel a sense of belonging and pride in that section and to be a productive participant in any section program planning sessions. In addition, they will learn the needs of the children in that section more readily and learn to interact spontaneously with the children while assuming responsibility for certain activities and duties.

Combined arrangement

Also, don't overlook the possibility of combining the lead caregiver-oriented arrangement with one of the other two staffing arrangements. It is possible to combine staffing patterns successfully to improve program quality in military drop-in centers. When the number of children and caregivers is low, the lead caregiver orientation probably is fine. However, as the total number of both children and caregivers increases, the lead caregiver will devote progressively less time to positive interactions with small groups of children and more time to managing other adults and center-related activity.[27]

To ensure high quality interactions as numbers increase, you might have a pre-designed, detailed plan for changing the staffing pattern to either the zoning or the primary caregiver arrangement. For example, if you decide to shift to the zoning staffing pattern at this time, you might have file boxes of index cards listing caregiver ideas and activities stored in each pre-determined zone. Even if an on-call caregiver has little experience working in that zone, he or she is aware of this idea box and can be effective and successful with the children passing through that zone. Then, later in the day, as the number of caregivers and children decrease, you might find it advantageous to shift back to the lead caregiver staffing orientation.

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[27]Richard Ruopp, Jeffrey Travers, Frederic Glantz, & Craig Coelen, *op. cit.*

Although there may be other patterns of staffing, including mixed-age groupings of children with staff or volunteers used in conjunction with paid caregivers, they usually are adaptations of one of the three basic arrangements just described.

The importance of supervision to program quality

Supervision is probably one of the most interesting, yet one of the most difficult, aspects of the director's job. It also is possibly the most critical one in terms of the success or failure of a center program.

Supervision has been defined as the "art of working with a group of people over whom authority is exercised in such a way as to achieve their greatest combined effectiveness in getting work done."[28] This definition suggests that supervision requires the director to draw upon every bit of personal and professional skill and knowledge he or she has to supervise the people as well as the work they are doing. It demands expertise in communication, center programming, teaching-learning methods and evaluation techniques.

The ultimate goal of supervision is to develop and maintain a quality program through increased staff self-awareness and understanding. By observing caregivers doing their jobs, it is possible to determine whether the center objectives are being met, and to assist caregivers in developing skills to work more effectively with young children. Unfortunately, if not structured properly, supervisory observations can cause caregivers to be filled with anxiety or to feel threatened. If these feelings persist, the person who is doing the supervising may be viewed as a critical person, one who knows all the answers and picks up on all the negatives.

If it is to be helpful, supervision must be perceived by the staff as a process for solving problems and for learning. This must begin with the development of an effective relationship between director and caregivers that is based on trust, coupled with caring and communication. The director places trust in caregivers by displaying confidence in their desires and abilities to do a good job, while caregivers place their trust in the director by respecting and accepting the director's skills, knowledge and assistance. Each must be aware that working together is the only way they can reach their objectives.

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[28]William Van Dersal, *The Successful Supervisor In Government And Business* (New York: Harper & Row, 1974), p. 10.

Obviously, a trusting relationship will not develop overnight. It can be a slow process because change and growth take time. However, working, planning and talking together in a supportive atmosphere can promote its development.

The director as center "tone setter"

It is a major responsibility of the director to create the emotional climate in which trusting relationships can be built. If you've observed children carefully, you know that behavior is contagious. For example, when one child at the lunch table proclaims, "Yukky peas - I hate them!" soon others chime in with similar statements and few peas are eaten that day. But, if that same child says, "Yummy, peas!" others are likely to follow suit and the peas are eaten quickly. Similarly, one child removing a coat while playing outside or one infant crying in the infant room may prompt these behaviors in other children. Although this may be oversimplifying the matter, evidence does seem to indicate that a director similarly can control the type of behavior prevailing in a child care center. The director who models trust and respect will probably receive trust in return. In like manner, the director who does not appear to support or encourage staff cannot expect caregivers to exhibit supportive, encouraging behavior with each other or with the children.

If the director is available and responsive to the needs of caregivers, effective relationships are cultivated. There are certain key times of the day when the director should plan to be available to caregivers, if possible. Both the arrival and departure times of caregivers are important times. Adults, like children, enjoy being greeted and having the opportunity to chat for a few moments at the beginning of a working day. It is a time when directors can provide answers to questions, help solve problems and discuss plans for the working day. Taking time to acknowledge the arrival of caregivers goes a long way toward developing rapport - a vital element in effective relationships. At the end of the day, a director who offers a word of encouragement or expresses appreciation for a specific effort can help relieve some of the frustrations that often accompany the tiring job of caring for a group of children all day.

It is realized that in military centers with many intermittent-on-call caregivers and very long operating hours, no one director could possibly greet the arrival and say farewell to all caregivers who come and go at all hours. However, it is important at these times that you or an assistant be available at least to key people, such as lead caregivers. The lead caregivers and their assistants

can be given responsibility for doing likewise with on-call staff. If you have provided a good model for them to follow, this will happen almost automatically.

One other time when it is essential for the director to be available to staff is when an emergency arises. Injured children, floods, sick caregivers, or angry parents all may require the decision and attention of the director. When caregivers learn that they can rely on your responsible judgment in times of stress, they are likely to seek your opinion on non-urgent matters, as well.

The supervisory process

Supervision is a dynamic, changing process that must meet the individual needs of each caregiver. As the caregivers develop and learn, the nature of the supervisory process must change accordingly. Initially, the supervisor is viewed as an "authority figure." As the years pass in the supervisory relationship, the supervisor becomes more of an informed peer in the eyes of those being supervised.

New caregivers need support and guidance on a daily or even an hourly basis. Therefore, some time must be spent each day by an experienced supervisor observing as well as working alongside the new caregiver.

As caregivers become more competent, the support of a supervisor remains very important for motivation and encouragement. At this stage of development, caregivers often see the supervisor as a resource person - a consultant - who can help provide new opportunities for learning, intellectual stimulation and, eventually, for developing supervisory skills of their own.

Whether the supervisory relationship is with a brand new caregiver or one who has worked in the center longer than you have, keep in mind that most staff members have the potential to improve their skills and to be a productive member of the center with good supervision. The supervisor who strives to understand what makes each caregiver want to do his or her best, and who is actively interested in everyone's performance at all levels, will be the supervisor who develops a highly effective caregiving team.

As vital as other forms of staff development may be to the on-going progress of the center, direct supervison may well be the most useful tool for individual development of caregivers. By observing and listening to caregivers at work, the supervisor is better able to determine their needs and make decisions about how to help in their development.

Although a supervisor may gain an idea of caregiver performance during brief daily rounds of the center, such brief impressions should not replace sustained periodic observations. Depending on the experience of the caregivers, observations should be scheduled at least biweekly and last for approximately 45 to 60 minutes. Notes taken during the observation should be discussed with caregivers as soon as possible after the observation and preferably on the same day. By sharing and discussing these observations and the supervisor's perception of their job performance, support and recognition for their strengths can be offered while also providing constructive criticism regarding their weaknesses.

Levels of supervision

In child care centers, there frequently are two levels of supervision in the program. The first level is the center management level involving the director, the assistant director and perhaps a program or training supervisor, depending on the size of the center. The second level involves the lead caregivers and perhaps a receptionist, an evening supervisor, or a head cook.

At the *first level of supervision*, the director and any assistants make certain that all regulations governing the center and all center policies and procedures are in fact followed in the day-to-day operation of the center. In addition, maintaining the overall quality of child care in the center is a responsibility at this level.

The staff members at the *second level of supervision* generally supervise and plan for all employees working under them in their assigned areas of responsibility as well as the area itself. This may include such things as providing specific instruction and guidance, requesting supplies and equipment, and acting as a liaison between director and staff members in their sections. However, depending on the center, the amount of control and direction exercised by staff at this second level of supervision can vary from giving specific direction and assignments to merely being available for advice and support.

Supervisor/lead caregiver's role

In all staffing patterns involving a team of caregivers, leadership is critical and necessary. One caregiver has to make decisions and, equally important, accept responsibility for these decisions. This caregiver may go by any number of titles, including lead or head caregiver or teacher, section supervisor or senior child care attendant. Whatever the title, it carries with it an important responsibility. Not only is the lead caregiver responsible for

his or her own personal performance but also for the combined caregiving team's efforts. The lead caregiver must learn to be an expert in early childhood matters while having responsibility for quality control in every aspect of the program being supervised. These quality control issues are those surrounding responsibilities to not only the children, but also to the parents, other members of the team and to the director.

> When children seem unusually bored or unhappy, the lead caregiver needs to be able to assess and remedy the situation.
>
> When parents complain about the children's activities, the lead caregiver must be willing to investigate and determine whether the complaints are justified. If so, corrective action must be initiated; if not, it is the lead caregiver's duty to determine how best the team of caregivers can inform the parents of center goals.
>
> When one member of the caregiving team "goofs off" and is not performing as expected, the lead caregiver has to get that caregiver motivated to do her/his job well.
>
> When the director senses a breakdown in staff morale, it is the lead caregiver who is asked to assist in bolstering it.

The lead caregiver is responsible for liaison with the center of which he or she is a part and is expected to relay communications from the director and staff members in other sections of the center to members of his or her caregiving team. The lead caregiver is also expected to handle and resolve all minor complaints and problems within a specified section of the center.

It takes a unique personality with a unique motivation to be a lead caregiver. *Not all caregivers are cut out to be leaders of both children and adults.* Many have the wisdom of knowing that they are very effective with children and consequently do not need to be responsible for other adults. They should be given a pat on the back, because a lead caregiver requires the personality and motivation to deal with both children and adults if an effective team is to result. And, it is only through this effective team that quality care for children can be provided.

Both the work and the work environment affect morale

One of the best known researchers in the area of employee motivation and morale is Frederick Hertzberg.[29] He has studied and identified factors which create both job dissatisfaction and job satisfaction. Although his work was done in relation to business and industry, many of his conclusions apply to the child care field as well.

The most common factors he found relating to job dissatisfaction were those centered in the working environment, including: company policies and administration, supervision, working conditions, interpersonal relationships, status, security, and salary. A director of a child care center might have a difficult time drastically revising many of these unsatisfying factors, but some could be modified slightly for improved satisfaction in center life. Some of these factors are discussed more fully in the module, *Managing Military Child Care Centers.*

However, Hertzberg cautions that simply removing these unsatisfying obstacles does not necessarily guarantee job satisfaction. Instead there is another set of factors which contribute to job satisfaction and staff morale. These factors relate more closely to the content of the work and areas over which the director has greater control, including: the work itself, achievement, responsibility, recognition, and opportunities for growth or advancement. Unfortunately, however, few directors really have devoted the necessary time and imagination to realize fully the effects of improved staff satisfaction and morale.

These satisfaction factors also are closely related to staffing patterns. Through your system of scheduling caregivers, you can help improve staff morale by restructuring the jobs of caregivers so that they can gain more satisfaction directly from their work. When staff morale improves, so does performance and program quality.

A varied schedule relieves boredom

The schedule for staffing patterns can enhance the *work itself.* Although this could occur in many ways, it will vary with your program characteristics. An imaginative schedule can provide varied and stimulating experiences for caregivers and soften the impact of the boring, repetitious

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[29] "One More Time, How Do You Motivate Employees, *Harvard Business Review*, January-February, 1968, pp. 35-44. See also the discussion of Hertzberg's ideas in *Day Care Personnel Management*, by Southern Regional Education Board, Atlanta, 1979.

or unpleasant aspects of child care. Unlike machines, people are ill-equipped to perform extended boring, repetitious tasks and quickly wear out - both physically and psychologically - if required to do so.

For some reason, almost every center staff has trouble and conflict over the behind-the-scene activities of child care - the *dirty work* that most caregivers would like to forget about. To keep a center clean, attractive and well-organized, there are many chores that must be attended to every day. Although they are not glamorous tasks, getting the *dirty work* done is very important to not only the impressions parents and children have of your center and to the children's safety, but also to staff morale. Nothing quite equals the boost of morale that caregivers get from working in an attractive, clean and well-organized center.

Regardless of the staffing pattern used, some parts of each day need set aside for the never-ending process of keeping toys, supplies and equipment clean and orderly. If possible, staff schedules should be designed so that each caregiver has only one specified type of dirty work to do each day - e.g., cleaning and organizing play or toileting areas; washing toys; setting-up for, or cleaning-up after, meals and snacks; cleaning staff lounge; or spot-washing walls. In addition, these jobs should be rotated among all caregivers. If the jobs are rotated and each caregiver performs a job, the dirty work seems to get done almost painlessly and with no ill feelings. When all caregivers are involved in keeping the center organized and clean, messes are not as apt to accumulate because areas will be kept clean and picked up throughout the day.

Another important aspect of these cleaning rituals is the manner in which caregivers perform them. Since rituals, such as clean-up, will always be with us, it is necessary that they be stimulating and pleasant times for the children who are exposed to them. Don't forget that children also take pride in being a part of cleaning the center. These daily adult chores can be important learning and social experiences for young children.

Scheduling variety into caregivers' days can combat the stress and improve morale. Variety in scheduling includes paying attention to the availability of breaks during the day, the length of scheduled shifts, and changes in section or center assignments. Scheduling caregivers to perform limited administrative tasks outside their usual sections - assisting in maintaining records and bookkeeping, developing new play structures, conducting inventories, working with mixed-age groups of children, being part of an interview

team - has proven to be a refreshing change of pace as well as a learning experience for many caregivers.

Increased responsibility enriches the job

Within the usual work itself, variety can be provided by activities not previously attempted. As an example, an on-call caregiver could be asked to plan and implement a daily program for a week. Or, a few lead caregivers could be assigned to study the system of scheduling the staff in the center and make recommendations and design a plan to improve it. By introducing this type of variety in the schedule, you are increasing *responsibility* - another factor important to job satisfaction.

The job-satisfaction item mentioned most often in the studies conducted by Hertzberg was a *sense of achievement*. Undoubtedly, a feeling of achievement results from being assigned responsiblity for a challenging task and specific instances of feeling satisfaction and accomplishment for a job well done. When caregivers fail to feel any sense of accomplishment from their duties, morale can be seriously affected.

Children don't always provide direct feedback to caregivers and their growth and development can take place so subtly that it can be easily overlooked. That's why a well-timed word of praise by the director or a parent is comforting. Conducting regular caregiver performance evaluations as well as program-wide evaluations also helps caregivers recognize achievements as a result of their efforts. Most often, however, the only feedback which really convinces caregivers of their achievement is real evidence they themselves can see as a direct result of their efforts. So, the only assistance you, the director, may be able to provide in this process is to schedule or assign the responsibility, thus providing the opportunity for this sense of achievement to occur. Then it's up to the caregiver.

Recognizing accomplishments builds morale

While caregivers must actually feel a sense of achievement within themselves, having others also recognize their achievement reinforces the worthiness of that accomplishment. *Receiving recognition* for a successful effort is a powerful motivator and morale builder. It is often the director of a child care center who must assume the responsibility for making certain that recognition is given. Although recognition and rewards can take many forms - from gold stars to a recognition dinner, from a compliment to a certificate - one of the most valuable forms of motivating caregivers to higher levels of commitment can

be accomplished through scheduling. It is a management strategy known as *job enrichment* which "seeks to improve both task efficiency and human satisfaction by means of building into people's jobs, quite specifically, greater scope of personal achievement and its recognition, more challenging and responsible work, and more opportunity for individual advancement and growth."[30]

Job enrichment principles include assigning new and additional responsibilities to caregivers and scheduling caregivers for special assignments. Although initially it might appear that giving added responsibilities would create discontent among caregivers, there is evidence to suggest that this is not true. Instead, the caregivers usually feel challenged and extend themselves to accomplish the tasks, thus creating a sense of pride and achievement. For example, if lead caregivers are asked to compile a list of additional or replacement equipment needed in their sections, they frequently will spend hours of their own time looking through catalogs to get ideas. Likewise, when caregivers have been given a special assignment, it results in feelings of achievement and recognition even though it may mean extra work.

A caregiver who is selected to assist with the preparation of a special report to headquarters or to help in the preparation of the annual budget for the center will not only gain a better understanding of what is involved in managing a child care center but also will take pride in having been selected to help with such an important job.

Providing opportunities for growth increases satisfaction

Through using these job enrichment principles in your scheduling process, you also are increasing the possibility for *growth or advancement* to occur - the final satisfying factor. Providing opportunities to improve their skills is one of the most important ways a director can help motivate caregivers. As caregivers become more skilled, they are more likely to experience success and be rewarded intrinsically by their accomplishments. Giving additional responsibilities or special assignments to caregivers not only challenges them to become more skilled and enhances feelings of growth but also can open up opportunities for advancement - either in their present job or in another work setting.

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[30]William J. Paul, Jr., Keith B. Robertson, & Frederick Hertzberg, "Job Enrichment Pays Off," *Harvard Business Review*, 47 (March-April 1969), pp. 61-78.

Caregiver satisfaction affects the entire program

In the final analysis, the morale of caregivers will be determined by whether they feel challenged by their work. If caregivers are going through the motions of their work without thinking and are behaving mechanically towards children, you can be sure *dissatisfaction* with its accompanying frustration and stress is taking hold. On the other hand, if caregivers are challenged - excited, curious and intrigued by their work - the joys of job *satisfaction* prevail.

Stimulating this excitement and curiosity should be a primary goal of the director. Stimulation can be achieved through providing scheduled opportunities for on-going training. An effective inservice training program will contribute to personal and professional growth as well as to the quality of the performance of caregivers. When the director has helped caregivers identify their specific training needs, it is important to use the staff schedule for designating the time for the appropriate training to take place.

If caregivers can be supported in their total growth as both individuals and caregivers, they can be their own best source of motivation. If you, the director, can assist the caregivers in properly structuring their work through the effective use of staff schedules and can help them achieve some control over as well as feedback from their duties, their morale will be boosted by the results of their own efforts.

PLANNING THE ENVIRONMENT TO ENHANCE HUMAN RELATIONS

Although child care center environments will, of necessity, differ in many ways from one installation to another, all nurturant child care settings should include some basic environmental provisions. According to Harms and Cross,[31] nurturant child care environments for children are:

PREDICTABLE *and promote self-help*
SUPPORTIVE *and facilitate social/emotional adjustment*

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[31]Thelma Harms and Lee Cross, *Environmental provisions in day care* (Chapel Hill: Frank Porter Graham Child Development Center, University of North Carolina, 1977), p. 1.

REFLECTIVE *of the child's age, abilities, and interests*
VARIED *in activities, both outdoors and indoors*

It is our belief that nurturant environments for *caregivers* working in child care centers must also be:

PREDICTABLE *to eliminate confusion*
SUPPORTIVE *of personal and professional growth*
REFLECTIVE *of each caregiver's talents and growth*
VARIED *to maintain morale*

If you want nurturing care for children, caregivers must feel that they, too, are nurtured. Caring for young children is vital work, but it is also *exhausting* both emotionally and physically. Even the most inspired caregivers find that there are times when they have limited energy to cope with the never-ending demands made upon them. It is essential that a director realistically recognize the needs of caregivers if the environment is to function effectively.

There are many ways of supporting and nurturing caregivers to enhance their performance. Many ideas for providing nurturing child care environments are provided in other materials developed by the Military Child Care Project and by the Children's Environments Project.[32] In terms of structuring your program effectively, one of the most important ideas presented in the Military Child Care Project's *Child Environment Series*[33] of modules is the arrangement of space, indoors and outdoors.

Space arrangement affects behavior

An effective space arrangement is one tool a director can use to support the fundamental issues of health and safety as well as the development and growth of *both* caregivers and children. As Haase[34] points out, the physical shape of things, carefully selected and arranged can significantly ease the task of caregiving and provide benefits to all people in that space.

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[32]Department of the Army Design Guides No. DG 1110-3-132 and No. TM 5-803-11.

[33]Marlene Scavo, Sally Riewald, & Elizabeth Diffendal, *op. cit.*

[34]Ronald Haase, *Designing The Child Development Center* (Washington, DC: U.S. Office of Education, Project Head Start, 1969), p. 6.

how space is organized and used is as important as the amount of space - perhaps even more so. The arrangement of space and ways materials are displayed in that space have a profound effect on the behavior of not only the children receiving care but also on the adults working in that space. It tells them what is thought about them as well as what is expected of them.

If the space in a child care center or play yard is arranged purposefully, many of the so-called "discipline" problems or difficult-to-handle behaviors can be alleviated before they begin. Children's behaviors are affected by space and the organization of space. Space arrangement can help calm the "new" child who is adjusting to receiving care in a strange environment. The environment can say "welcome" through such features as the use of cheery colors, child-sized furniture, and cozy corners; or, it can look so sterile that no child would ever want to be there.

The arrangement of space also can assist caregivers in communicating to children the proper use and care of materials. If the center is organized so that children can see clearly where materials can be used and stored, one annoying problem of caregiving can be eliminated - the misuse of materials and the resistance to clean-up. If, however, toys and materials are thrown in toy boxes or cabinets, children soon get the message that "We really don't care about the materials." As a result, children are given the impression that materials can be used in any way they wish and clean-up is really not important.

Crowded or poorly organized space can cause tension, excitement, overstimulation and lack of involvement. As a result, fatigue and aggressive emotional outbursts - fighting, running, crying - may occur. Aggressive behavior is probably one of the most common, and among the most frustrating, problems caregivers have to deal with in a child care center. Yet it, too, may be encouraged or facilitated by the way the space is set up or by the availability and display of materials.

Fighting can be alleviated by providing duplicates of some basic toys, rather than a wide variety of toys, for those children not ready to share. Of course, it is important that these duplicates be displayed in such a way that they are appealing and located easily.

The impact of space arrangement was clearly evident in an area of one center. Before the furniture and materials were arranged the caregivers could see all sections of the space at a brief glance. Unfortunately, so could the

children who were encouraged to run aimlessly in the wide open spaces and also were easily distracted by other children's activities. So, although the physical space was easy to supervise, the children were not. In this case, the physical environment was working against the caregivers and the center's goals for children.

Space arrangement affects supervision

On the other hand, using very high dividers to create activity areas within a section is just as impractical. While there certainly would be fewer distractions and children would feel more able to concentrate on a specific activity, caregivers would feel less secure because they could not be certain of the children's well-being or safety. Therefore, it is important that any dividers or other materials used to define boundaries be built to permit full visibility for caregivers while providing separation of activities for children.

When arranging space and organizing materials, consider the furnishings, the equipment, the activity areas and the traffic patterns as well as the ease of supervision. If caregivers are to do the best job possible, they must feel confident that the space is arranged to allow for effective supervision. An environment properly arranged and organized can serve as an effective assistant to them. Just as another caregiver can provide help in easing stressful situations, so can the environment. Caregivers cannot feel relaxed if they can't see what is happening throughout their area of responsibility. Consequently, tension results. And if they are tense, this feeling usually is communicated to the children.

In a recent book,[35] it was suggested that it is helpful to think of the word *supervision* as two words: *SUPER VISION*. That is, supervision is the ability to *see* clearly what *is* and what *is not* going on.

Caregivers must be experts in *SUPER VISION*. It is not enough for them simply to be present physically in a center; they must observe children closely the entire time they are working. You've probably heard the saying "a good teacher has eyes in the back of her head." This also is true of good caregivers because they do need to be able to see what's happening everywhere all the time. Section

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[35] Flora Conger and Irene Rose, *Child Care Aide Skills* (New York: McGraw-Hill Book Company, 1979).

management problems can be prevented through alert supervision. The key to effective supervision in child care is being aware of as much of a situation as possible. This means establishing strategic locations in each section so that there are no visual barriers between caregivers and children. In addition, caregivers can be trained to use peripheral vision to observe what is taking place around them.

Close attention must be paid to the safety and happiness of an entire group of children, while also providing maximum involvement with individual children. So caregivers must learn to avoid turning their backs to a group when working with one child. This talent for being able to supervise many children at once and, at the same time, having the ability to provide individual assistance is part of the art of caregiving.

To structure a program effectively, it is the director's responsibility to work with caregivers in the development of a growth-producing environment. Part of this development should focus on arranging space for effective and easy supervision, to include

grouping materials into activity areas separated by low partitions or dividers to aid children's concentration while also providing caregivers with full visibility of all areas.

storing and using materials in nearly the same place each day which builds feelings of security in children and saves time for caregivers.

fostering the independence of children by providing a balance between children being able to do things for themselves and having caregiver assistance when it is needed.

allowing for relatively easy and quick rearrangement when children must work, eat and sleep in the same space.

planning to accommodate enough children without chaos - as determined by regulations and the center's goals and expectations.

having wall charts, forms and written schedules posted for established routines, procedures, communications and activities to aid caregivers in the management of each section.

supplying labor-saving devices and training in the use of labor-saving techniques, thus releasing the caregivers from some of the tedious housekeeping chores to spend more time in positive interactions with the children.

providing a quiet, comfortable adults-only place in the center to meet personal and professional needs of caregivers.

The best guide to the success of your arrangement of space will be the behavior of the caregivers and children. If you are not happy with the human interactions taking place in your center or with the apparent misuse or destruction of materials, it may be wise to look at the arrangement and organization of space. Changing the space is often more effective than creating more rules and prohibitions if you are seeking to improve the interactions of people as well as the people/materials interactions. Every parent knows it's much easier to remove the valuable crystal vase from the coffee table than to continue to constantly say, "No-No! Don't touch." A similar logic can be applied to the child care center environment. Organizing the physical environment can free the adults and improve quality of care provided to young children.

Adequate space is essential to quality

Developmentally oriented child care requires adequate square footage for indoor activity space, outdoor play yards and parking and service. The three critical components in assessing the adequacy of a center site are

facility size (composed of primary activity space, secondary activity space and non-assignable space)

outdoor play area (comprised of child play yards, *plus* recommended after-school play areas)

vehicle space (comprised of staff parking, parent-visitor parking, driveways, drop-off and service areas)

The following table, included in the documents prepared for the Army by Moore, et al for the *Children's Environments Project* documents the relevant calculations necessary to compute gross square footage of each area required in designing a center site. The left hand column of the Table is the absolute minimum square feet per child allowable by many state requirements, fire laws and some military documents. The center column reflects sizes which are thought to be adequate and are in line with civilian center recommendations which have been in effect for a

GROSS SQUARE FOOTAGE FOR CHILD CARE BUILDING AND SITE UNDER MINIMUM, RECOMMENDED, AND GENEROUS CONDITIONS	MINIMUM	ADEQUATE/ RECOMMENDED	GENEROUS
A. BUILDING			
1. FACILITY PRIMARY ACTIVITY SPACES	35 sq. ft./child	42 sq. ft./child	50 sq. ft./child
2. SECONDARY ACTIVITY SPACES	16 sq. ft./child	22 sq. ft./child	24 sq. ft./child
3. STAFF SPACES	6 sq. ft./child	9 sq. ft./child	10 sq. ft./child
4. SERVICE SPACES	4 sq. ft./child	6 sq. ft./child	7 sq. ft./child
5. FACILITY NON-ASSIGNABLE SPACE (INCL. TRANS.)	20% of assignable 12 sq. ft./child	25% of assignable 20 sq. ft./child	33% of assignable 30 sq. ft./child
6. MECH./ELEC. SPACE	3% of assignable + non-assignable 2.5 sq. ft./child	3% of assignable + non-assignable 3 sq. ft./child	3% of assignable + non-assignable 3 sq. ft./child
7. TOTAL FACILITY SIZE (1+2+...+6)	77.5 sq. ft./child	103 sq. ft./child	125 sq. ft./child
B. PLAY YARDS			
8. PRIMARY OUTDOOR ACTIVITY SPACES	100 sq. ft./child	200 sq. ft./child	250 sq. ft./child
9. SCHOOL-AGE PLAYING FIELDS	0	5,000 sq. ft.	81,000 sq. ft.
10. TOTAL OUTDOOR PLAY AREA (8+9)	100 sq. ft./child	200 sq. ft. + 5,000 sq. ft.	250 sq. ft. + 81,000 sq. ft.
C. OUTDOOR PEDESTRIAN, VEHIC., & SERVICES			
11. PEDESTRIAN WALKWAYS	100 sq. ft.	150 sq. ft.	500 sq. ft.
12. STAFF PARKING AND DRIVES	1:20/child 315 sq. ft. Total 16 sq. ft./child	1:10/child 396 sq. ft. Total 40 sq. ft./child	1:6/child 396 sq. ft. Total 66 sq. ft./child
13. PARENT/VISITOR PARKING	1:10/child 153 sq. ft./car	1:5/child 396 sq. ft./car	1:5/child 200 sq. ft./car
14. DROP-OFF AREA	660 sq. ft.	1,584 sq. ft.	1,584 sq. ft.
15. SERVICE AND DRIVES	624 sq. ft. Service 1,240 sq. ft. Total	720 sq. ft. Service 1,440 sq. ft. Total	912 sq. ft. Service 1,824 sq. ft. Total
16. TOTAL PEDESTRIAN & VEHICULAR SPACE (11+12+...16)	48 sq. ft./child + 2,000 sq. ft.	120 sq. ft./child + 3,174 sq. ft.	146 sq. ft./child + 3,908 sq. ft.
D. SET BACKS			
17. SET BACKS	80 sq. ft./child	185 sq. ft./child	875 sq. ft./child
TOTAL SITE SIZE (7+10+17)	305 sq. ft./child + 2000 sq. ft.	608 sq. ft./child + 8,174 sq. ft.	1,392 sq. ft./child + 84,908 sq. ft.

[36]Department of Army Design Guide DG 1110-3-132, *op. cit.*, Table 1.

number of years. The right hand column includes sizes that would be ideal for a center site, but which could be considered "generous" in terms of the current state-of-the-art.

In evaluating your center space, you may want to look at the column in the center of the Table which is considered to be the most adequate and recommended space distribution for a center. For quality child care it is recommended that there be 42 square feet of *primary activity space* per child. While each activity-group space may not have 42 square feet per child, the overall environment should allow 42 square feet times the total number of children in the facility.[37]

There should be 16-24 square feet per child reserved for *secondary activities* like eating, food preparation, toileting, napping and for staff and parent-staff spaces.

Circulation space, such as entryways and halls, and any other space which cannot be assigned to a particular child-use function should be set aside at a ratio of about 20 percent of the total space which has primary and secondary uses. A part of this *non-assignable space* - about 3 percent of assignable and non-assignable space - should be set aside for mechanical and electrical space plus other utility spaces.

Using these recommended indoor footages, an adequate/recommended center should have about *103 square feet of total indoor space per child*. This includes the primary, secondary and non-assignable spaces.

Outdoors, most states recommend a *minimum* of 75 square feet of *outdoor play area* per child. Many child development professionals strongly recommend a minimum of 100 square feet of outdoor space per child, with 200 square feet per child preferred. In those centers which provide after-school care, it is recommended that there be up to 5,000 square feet set aside for playing fields used by school-age children.

Parking spaces should be very near the building with a view of the center entry, and should be set aside at a ratio of 1:1 for staff parking. Assuming that one out of ten parents may wish to stay longer than three or so minutes to interact with their children at the start or end of the day, parking should be provided at a 1:10 ratio for parents. Parking should be visually separated from pedestrian and child play areas.

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[37] *Ibid.*, Section 901.

Turn-around areas are convenient for dropping someone off, and there should be adequate *approach drives* and *service aprons* to permit staff, parent and service vehicle traffic to flow without difficulty. Shrubs, trees and earth forms should be used to provide natural screening of car parking areas from view.

PLANNING FOR THE USE OF COMMUNITY RESOURCES

A major obstacle in the provision of high quality child care services, whether in military or civilian communities, is the lack of adequate resources. Experience with child care programming has shown that programs which have been most creative in the identification and use of resources from the wider community have been most successful in maintaining an enriched, high quality program.

Resources from within your own military community that may be available to your child care center are discussed in another section of this Guidebook: *Installation Resources Available To Military Child Care Programs*. Resources available within the military community include people and publications such as those developed by the Military Child Care Project and the Children's Environments Project. In this section, neighboring civilian resources are discussed. Military installations are a part of the civilian community near which they are located. Your civilian neighbors are potential contributors of resources which may help to sustain and improve your program. Even if your center is located in a remote spot, advice and assistance are as close as the postal service and telephone.

The work with the civilian community usually is in the realm of public relations. In spite of recent advances, many civilians do not understand military child care programs very well, and it is your responsibility to represent your center and its goals to them. An important aspect of program development is coordinating services provided by agencies in the private sector which can offer your children and their families valuable assistance, education, and enrichment experiences.

COOPERATING WITH LOCAL SCHOOLS

Cooperating with civilian educational institutions - high schools, colleges, vocational schools, nursing schools - in the training of students should not be overlooked. The benefits are many and varied. Your center can provide an essential educational component by permitting students to observe and train, under supervision, in your center. By serving as a training site, the center staff may receive

permission to enroll in courses at the educational facility without paying tuition

encouragement to keep up-to-date with latest developments in the field of child care

stimulation to attempt a new activity or revise the approach to an activity that has been used previously

child care knowledge through contact with the students and supervising faculty

valuable assistance in their day-to-day program, especially from more advanced students

As a director, open your door to all students, not merely those studying for a profession relating strictly to young children, such as teachers or child care aides. Observation of young children is beneficial to those studying medicine and psychology. An accounting major may give advice in revising your financial system. Art classes are great for contributing posters, signs, murals. Carpentry or industrial arts people may help with repairs and construction of equipment. We have found that students usually are willing and helpful in all aspects of the program if they have received adequate guidelines and directions and have the opportunity to discuss their questions with you.

ATTENDING MEETINGS WITH OTHER CHILD CARE PROFESSIONALS

One way of becoming known in the community is by joining professional organizations and participating in their meetings. Each time you or a staff member attends a meeting such as this, there are opportunities to discuss your center with others. As a result of these affiliations, you may be asked to share your experience and knowledge with others or be called upon to speak to groups who are interested in this field.

Not only can discussions relating to mutual interests and concerns take place at professional meetings, but you sometimes can find directors of other child care centers who would welcome exchanging visits with you. They may arrange to spend a day in your center, looking at it objectively - seeing strengths and weaknesses more easily than you because they are not involved in your day-to-day operations.

When you return the favor by visiting their centers, you will find yourself thinking more specifically about the factors that determine a "good" center. The details and ideas which you discuss with them should be helpful for improving your own center.

Displays by members are sometimes a part of local workshops or conferences sponsored by professional organizations. These displays can be of innovative or creative programs, materials or methods of teaching. They usually don't have to be elaborate, but rather something that "does work in a center." *Every* center has a special technique or way of doing things that can be displayed or demonstrated and at the same time, provide another opportunity for improving your center's image.

MAKING CREATIVE USE OF CIVILIAN RESOURCES

By making your center better known you can open doors to many civilian resources which can improve your total program. It is recommended that you check on specific procedures which apply to your installation and obtain command approval before approaching civilian agencies.

The community resources to which we are referring generally are in the form of donations of materials or "human" resources. Remember, if at times caring for children seems like an overwhelming task, you don't have to work alone. Aside from those available on your installation, there are multitudes of agencies and people available to help you in your job.

Civic clubs or organizations often collect and donate materials and equipment and seek appropriate targets for donations, especially around holidays. Frequently the Chamber of Commerce maintains lists of organizations that may volunteer materials, time or talent. Such organizations may include church groups, sororities, senior citizens, youth groups, Junior Chambers of Commerce, students, and other social, professional and business organizations.

Our center has benefited in this respect by including retired senior citizens - male and female - as volunteers in recent programs. It has been a successful and rewarding experience for all involved, but particularly for the children. Our military children simply do not have much exposure to the unconditional love that elderly people so often can give.

An improved public relations program may assist you in locating manufacturers or firms which have scraps of materials. These materials may include paper products - tubes, boxes, liners - carpet scraps, pieces of wood, tile or linoleum squares, fabric remnants which can be a source of creativity and stimulation for children. These materials usually have no value to the company and they may be happy to save them for you if they are aware of your interest and if you will pick them up periodically.

State university or county extension agents have a wealth of materials available upon request which usually are free of charge. Their materials are useful in training staff or volunteers and for parent education programs. The agents are valuable resources for parent meetings, staff training sessions, and for assistance in the center food service program. Their education and experience qualifies them as experts in the development and review of menu plans, nutrition, tips on serving foods to children, and marketing for center food programs. They also may be helpful in the design of a children's program related to cooking or science.

The local park or recreation board may provide information that would make good possibilities for nature walks, picnics or field trips. We also have heard that some centers have benefited from donated equipment and instruction in arts, crafts, sports and games provided by this governmental agency.

The public library may provide books for children as well as assistance and materials in staff development and audiovisual equipment. Records, films and filmstrips may be available. One military center borrows both films and filmstrips to use in children's programs from a civilian library. It also may offer story hours, use-of-the-library instruction to school-agers, and lists of books recommended for children of various ages.

Mental health centers have professionals available for consultation regarding child behavior and other services to parents.

A local department of social services may provide information regarding services that are available in your area for children and families. They have professional staff who may be available for consultation, counseling, teaching and testing.

Public health nurses also have knowledge of services available to children and staff. They can give advice on health and safety policies and practices and the general care of children. Frequently they have materials - health literature, charts, posters - that can be useful to you. They also may be available for consultation on health problems and staff training in such areas as how to visually inspect children for signs of illness, first aid instructions or keeping health records.

There usually is an entire civilian community of other professional practitioners - therapists, pediatricians, dental aides, staff or various human service organizations - who may be willing to advise or assist in your program.

There are many places in a community where the children could be taken on a field trip or from which the field trip might be brought into your center via a resource person: airport, farm, fire or police station, lumber yard, train depot, bakery, post office, business office, telephone or construction company, high school band or chorus practice, radio station or store windows.

Financial assistance may be available to your child care program through community organizations or charities. For example, investigate the possibility of your child care center becoming a member agency of United Way. In your community, fund-raising activities might be conducted by a Community Chest, Jaycees or Junior League.

Information and referral agencies will know of resources available for young children. If you look under the heading of Social Service Organizations in the Yellow Pages of the local telephone directory, the agencies listed may provide family counseling. Psychiatric Clinics, Well Child Clinics and Child Guidance Clinics also are helpful resources.

If a regional or district office of any national organization is located near your center, you have a distinct advantage. These organizations such as the National Dairy Council, Society For The Prevention of Blindness, March of Dimes, National Easter Seal Society, often provide educational materials for children, parents or staff, posters for teaching aids, or resource personnel who may speak to groups of people in your center free of charge. If there

is no office located near you, don't hesitate to write to them and request a list of publications or materials.

Two inexpensive publications which we have found useful in locating resources available throughout the country are:

> *Free And Inexpensive Materials For Preschool And Early Childhood*, by Robert Monahan (Available from Fearon Publishers, Inc., 6 Davis Drive, Belmont, CA 94002)
>
> *Free And Inexpensive Learning Materials*, edited by Norman R. Moore (Available from Office of Educational Services, F & I, Peabody College For Teachers, Nashville, Tennessee 37203)

JOINING PROFESSIONAL ASSOCIATIONS

Membership in a professional association seems particularly meaningful to you, the military center director, who may be in some remote corner of the world with little opportunity to meet personally and regularly with others who share your same interests and concerns. Attending local, regional or national conferences and workshops may very well be out of the question, but reading in a professional journal about the proceedings of such meetings can be nearly as stimulating and rewarding. Investigating staff training practices and curriculum materials also can come about through perusing professional journals, magazines, catalogs and brochures.

Other potential benefits and activities of professional organizations are that they

> have the ability to influence public thinking through massive public relations campaigns.
>
> have long been used to improve working conditions.
>
> may offer job placement services.
>
> may sponsor and publish results of research in the child care/development field.
>
> offer a variety of activities to further the development of their members - workshops, lectures, discussion groups, conferences, newsletters, magazines, journals and pamphlets.
>
> provide a setting for people from related fields to share a common interest and work together for its improvement.

Below is a partial list of professional associations related to early childhood development. Membership in these usually brings with it a newsletter or publications of the organization.

American Montessori Society
175 Fifth Avenue
New York, NY 10010

Association For Childhood Education International
3615 Wisconsin Avenue, NW
Washington, DC 20016

Child Study Association Of America
9 East 89th Street
New York, NY 10028

Child Welfare League Of America, Inc.
67 Irving Place
New York, NY 10003

Day Care And Child Development Council Of America
1012 14th Street, NW
Washington, DC 20005

Military Early Childhood Alliance
5105 Fort Clark Drive
Austin, TX 78745

National Association For The Education Of Young Children
1834 Connecticut Avenue, NW
Washington, DC 20009

National Association For Mental Health
10 Columbus Circle
New York, NY 10019

Southern Association For Children Under Six
Box 5403
Brady Station
Little Rock, AK 72205

BEING AWARE OF SPECIAL INTEREST AND ADVOCACY GROUPS

There are a number of non-profit organizations which focus on various aspects of child welfare, child advocacy and child development. Such organizations often have excellent newsletters.

Action For Children's Television
46 Austin Street
Newtonville, MA 02160

American Academy Of Pediatrics
1801 Hinman Avenue
Evanston, IL 60204

American Association For The Gifted Children
15 Gramercy Park
New York, NY 10003

American Foundation For The Blind
15 West 16th Street
New York, NY 10011

Association For Children With Learning Disabilities
2200 Brownsville Road
Pittsburgh, PA 15210

Association For Education Of The Visually Handicapped
711 14th Street, NW
Washington, DC 20005

Black Child Development Institute, Inc.
1028 Connecticut Avenue, NW
Suite 514
Washington, DC 20036

Child Development Associate Consortium
1422 Rhode Island Avenue, NW
Washington, DC 20005

Children's Defense Fund
1520 New Hampshire Avenue, NW
Washington, DC 20036

Children's Foundation
1420 New York Avenue, NW
Suite 800
Washington, DC 20005

Coalition For Children And Youth
815 15th Street, NW
Washington, DC 20005

Council For Exceptional Children
1920 Association Drive
Reston, VA 22091

Epilepsy Foundation Of America
733 15th Street, NW
Suite 1116
Washington, DC 20005

Muscular Dystrophy Association Of America, Inc.
1790 Broadway
New York, NY 10019

National Association For Retarded Children
2709 Avenue E East
Arlington, TX 76011

National Association Of Coordination Of
State Programs For The Mentally Retarded, Inc.
c/o Mr. Robert Gettings, Executive Director
2001 Jefferson Davis' Highway
Arlington, VA 22202

National Committee For The Prevention Of Child Abuse
Suite 510
111 East Wacker Drive
Chicago, IL 60601

National Dairy Council
111 North Canal Street
Chicago, IL 60606

National Easter Seal Society (For Crippled Children
And Adults)
2123 West Ogden Avenue
Chicago, IL 60612

National Foundation - The March Of Dimes
1275 Mamaroneck Avenue
P. O. Box 2000
White Plains, NY 10602

The National Association Of The Deaf
2025 Eye Street, NW
Washington, DC 20006

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, NY 10016

In addition there are several educational institutions which are nationally known for their creative leadership in early childhood education and which have very useful publications available.

Bank Street College Of Education
610 West 112th Street
New York, NY 10025

Pacific Oaks College
714 West California Boulevard
Pasadena, CA 91105

The Merrill-Palmer Institute Of Human Development And Family Life
71 East Ferry Avenue
Detroit, MI 48202

SUBSCRIBING TO NEWSLETTERS

There are several excellent inexpensive newsletters which we have found to be quick and useful sources of information for keeping up with what's new in management and curricular areas, national policies, legislation and child-related research. Following is a partial list of those we have found most useful.

Building Blocks
Box 31
Dundee, IL 60118

Child Care Information Exchange
70 Oakley Road
Belmont, MA 02178

Child Care Resources
Quality Child Care, Inc.
Wayzata, MN 55391

Teachers Guides To Television
699 Madison Avenue
New York, NY 10021

Today's Child Magazine
Roosevelt, NY 08555

In addition, we have used several newsletter-type publications which actually are designed for parents, but which are excellent for child care staff as well.

Growing Child
22 North Second Street
Lafayette, IN 47902

Parent Talk
P. O. Box 572
Scottsdale, AZ 85252

Pierre The Pelican Newsletters
Dr. Loyd W. Rowland
Family Publications Center
P. O. Box 15690
New Orleans, LA 70175

There also are a few periodicals which are very helpful to child care professionals:

Children In Contemporary Society
P. O. Box 11173
Pittsburgh, PA 15237

Day Care And Early Education
72 Fifth Avenue
New York, NY 10011

Early Years
P. O. Box 13306
Philadelphia, PA 19101

TAKING ADVANTAGE OF GOVERNMENT RESOURCES

There are many governmental agencies, bureaus, information centers and clearinghouses which have research indexes, handbooks, guidebooks, periodical publications, and newsletters of interest to the child care provider community.

Administration For Children, Youth And Families
U.S. Department of Health, Education and Welfare
Washington, DC 20201

Bureau Of Education For The Handicapped
U.S. Office of Education
U.S. Department of Health, Education and Welfare
7th and D Streets, SW
Washington, DC 20036

Child Care Food Program
U.S. Department of Agriculture
Washington, DC 20250

Educational Resource Information Center/Early Childhood Education (ERIC/ECE)
College of Education
University of Illinois
Urbana, IL 61801

ERIC Information Retrieval Center On The Disadvantaged
Teachers College
Columbia University
New York, NY 10027

U.S. Consumer Product Safety Commission
Washington, DC 20207

Women's Bureau
U.S. Department of Labor
Washington, DC 20201

This list should provide you with a starting point to pursue further help as needed. Keep in mind that many of the professional journals and magazines are available in libraries as well as by subscription.

REFERENCES

We have found the titles included in this section to be useful references in the general area of program development. Some of them have been quoted in this module, all have been reviewed in the module's preparation. You may find them valuable sources of additonal information.

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